Year 2
Direct Support Professional Training

Resource Guide

Session #1

Supporting Choice: Identifying Preferences

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	**Introduction and Supporting Choice: Identifying Preferences**	**3 hours**
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

In this session, the key words are:

- Direct Support Professional
- Choice
- Likes and Dislikes
- Choice-making Skills
- Choice Opportunities
- Approach Behavior
- Avoidance Behavior
- Teaching Choice-making
- Person-Centered

Information Brief

Who Are Direct Support Professionals (DSPs)?

The term *Direct Support Professional* (DSP) was selected by the *National Alliance for Direct Support Professionals* to describe **individuals who work with people with disabilities in the places where they live and work.**

The DSP is also described as the person that **assists individuals in making choices; in leading self-directed lives; and in contributing to their communities**.

Finally, it is also the responsibility of the DSP to **encourage attitudes and behaviors in the community that support the inclusion of individuals with developmental disabilities**.

Your Notes

Information Brief

Identifying and Respecting Choice-Making and Preferences

Making choices means having control and confidence in our lives. Typically, the more control we have over our lives, the more enjoyable our lives become. Choice is important in this way for all people — whether they have disabilities or not.

There are many ways that making choices is important for the individuals with whom we work. However, the most important way is for individuals to make choices during one's day-to-day activities. **Making choices increases an individual's daily enjoyment.** All of our lives are more enjoyable if we are doing things we like to do.

There are also some other ways that making choices are important. **First, making choices increases an individual's participation in important activities such as work duties, leisure routines and school events.** Research has shown over and over that people are much more likely to take part in activities of their own choice rather than activities which have been chosen for them.

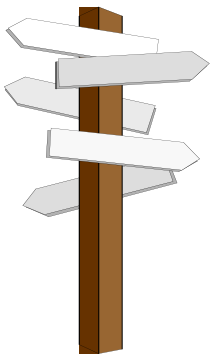
A second way making choices is important is that it helps to identify reinforcers that can be used with teaching strategies to help make learning new skills easier and more fun

Your Notes

for learners. Additional information on how making choices as part of the teaching process can help teach meaningful skills to learners will be provided in later sessions.

A third way that making choices is important for individuals with disabilities is that it makes it less likely that problem behavior will occur. People usually do not have problem behavior when they are enjoying themselves, and making choices helps people to enjoy themselves. More information about how choice making reduces problem behavior will be presented in later sessions on positive behavior support.

Most of us take choices for granted. For people with disabilities though, and especially people with more severe disabilities, making choices cannot be taken for granted. Surveys and observations have shown that many people with disabilities make very few choices in their lives. **Our job is to support individuals with whom we work in making many choices during the course of their routine day.**



Your Notes

Information Brief

Learning About How Individuals Use Choice-Making Skills

To support individuals in making meaningful choices, we must provide choice opportunities in a way that individuals can understand. One of the main reasons that people with disabilities do not make many choices is that sometimes DSPs do not provide choice opportunities in a way that individuals can respond with a meaningful choice.

In order to support individuals in responding to a choice opportunity, ***how* we provide a choice must be based on an individual's choice-making skills.** Just like all of us, different individuals have different skills for making choices.

There are many ways to make choices. The figure on the next page shows different ways choices can be made. The way we give a choice opportunity should be based on the way that an individual can respond and make a choice.

Some individuals have the skills to make a choice by answering a question such as "What do you want?." This is shown on the left side of the scale on the following page. We call this a "hard" choice because a lot of communication and related skills are needed to be able to make a choice in this manner. Some individuals do not have these types of skills, so we must offer a choice opportunity in another way, such as

Your Notes

the ways on the right side of the figure. For individuals who have the most severe disabilities, sometimes the only choice-making skill they have is to respond to a single item when that item is presented by a support person. The support person must see how the individual responds to the item to see if the individual wants the item or not.

Sometimes we may provide one type of choice and find that the individual does not seem to understand the choice opportunity. We would then provide the choice in an easier way. For example, we might ask the individual during leisure time in the evening, "What would you like to do?." If the individual does not seem to understand, we might then ask, "Would you like to look at a magazine or listen to your radio?." If the individual still does not understand, we might ask the same question while actually showing the individual a magazine and radio and prompt the individual to point to what she or he wants.

Your Notes

When we provide a choice in the way just described, it is of course important that once the individual makes a choice by saying or pointing that we provide what the individual chooses. **When we provide a choice opportunity, *we must respect and honor the individual's choice.***

As indicated earlier, some individuals — and particularly people who have very severe or multiple disabilities — do not have the skills to respond to the type of choice opportunity just described. For individuals who do not have the skills to tell us what they want or to point to something they want, we have to provide a choice opportunity in an easier way.

For individuals with the most serious disabilities, we often have to present a single item and watch how the individual responds to the item. When a one-item choice is presented, we watch the individual to see if she or he approaches or avoids the item.

An approach might include smiling, reaching for, leaning toward or looking at the item. When an individual approaches an item in this manner, we should then give the individual the item.

Your Notes

Instead of approaching an item when presented, an individual might avoid the item. **Avoidance usually involves turning away from the item, pushing the item away, or frowning.** When an individual avoids an item when presented, the item should be removed and another item presented.

Sometimes a person may not approach or avoid an item. **Lack of approach or avoidance is called neutral behavior.** When neutral behavior is shown, we should allow the individual to sample the item. That is, we should make sure the person knows what is being offered by touching, looking at, tasting or using the item. The item should then be given again to check for approach or avoidance. If neutral behavior occurs the second time an item is given, the item should be removed.

Your Notes

Information Brief

Special Considerations When Learning About Choice-Making Skills and Providing Choices

It's important to make sure that we present choices to people with disabilities in a way that can be easily understood. This helps people respond in a way that reflects their preferences, likes and dislikes. There are several things to do and think about when providing choices.

The first thing to think about are those times when a choice is provided and an individual does not respond. For example, if two objects are presented and the individual does not point to or otherwise choose any item.

If an individual does not make a choice when provided with a choice opportunity, we have to determine if the individual does not like the choice options or does not understand the choice situation. In the former case, we could offer choices of several other pairs of items. If, after several choice opportunities with different pairs of items, the individual still does not choose an item, we could assume that the person does not understand the choice situation or what is expected of him or her. In that case, we would then provide a choice in an easier way, such as by providing a single item and watching for approach or avoidance behavior.

Your Notes

It is also important to look for individual choice-making behaviors when presenting two items or activities. For example, some individuals tend to always pick something that is presented on their left side, or on their right side. For this reason, it is important to change the side on which we present the items. An example might be: when presenting a choice between looking at a magazine or listening to a radio, we should change the side on which we present the magazine and radio each time.

Another thing to keep in mind is that the manner of presenting choices as we have discussed can improve a person's choice-making skills. That is, **by providing many choices in a consistent manner, we can actually teach choice-making skills.**

To support individuals in learning or improving choice-making skills, it is important to make sure the individuals always receive what they choose. This is another way we show respect and honor a person's choice.

Your Notes

Information Brief

When to Give Choices and Major Lifestyle Changes

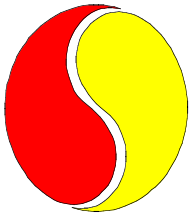
Identifying When To Give Choices During The Day

Think about the types of choices you made after getting up this morning. These choices may have involved getting out of bed or sleeping longer, what to have for breakfast, where to have breakfast, with whom to eat breakfast, and how to dress for the day. Some of these choices involved **what** to do. In other words, these were choices between activities (e.g., get out of bed or sleep later).

Other choices involved **how** to do an activity (e.g., take a shower or take a bath).

Still other types of choices involved **when** to do an activity, **where** to do an activity, and **with whom** to do the activity.

There are many types of choices that can be made everyday to make our days more enjoyable. The same holds true for the individuals with whom we work. We should try to build as many choices as we can into the daily routines of the individuals with whom we work.



Your Notes

Supporting Individuals in Making Choices for Major Lifestyle Changes

The choices described so far involve the types of choices that can be built into the daily routines of individuals with disabilities with whom we work. **Again, supporting individuals in making many choices during their daily routine can increase the amount of enjoyment individuals experience day in and day out.**

There are other types of choices that can have a major effect on the quality of life of people with disabilities. These are choices that affect major lifestyle changes among individuals

Choices that affect major lifestyle changes among individuals include such choices as where to live, what job to work, and with whom to live, just to name a few. **We can help individuals in making choices that affect their lifestyle in a major way by making sure our supports and services are person-centered.** Providing person-centered supports and services is discussed in other classes as part of this training. However, the topic is raised here because by following the principles and practices of person-centered planning as much as possible, we can support individuals in having control over their lives. Control means choosing how one lives, and choosing how one lives makes life much better for everyone.

Your Notes

Key Word Dictionary
Supporting Choice: Identifying Preferences
Session #1

Approach Behavior
An approach behavior might include smiling, reaching for, leaning toward or looking at a particular choice item.

Avoidance Behavior
Instead of approaching a choice item when presented, an individual might avoid it. For example, turn away from the item, push it away, or frown.

Choice
A choice is a statement of preference. Selecting something to do from one or more options. Choice opportunities must be provided in a way that each individual understands. Individuals with developmental disabilities have a right to make choices including where and with whom to live, the way they spend their time each day and with whom, what things to do for fun, and plans for the future. Making frequent choices increases one's life enjoyment. Choice means having control and confidence in our lives.

Choice-Making Skills
The ability to know personal likes and dislikes and to choose between people, places, food, and activities when those choices are presented.

Choice Opportunities
Those situations where someone is provided with a choice between two or more activities, foods, etc.

Direct Support Professional
The term *direct support professional* (DSP) describes persons who work with people with disabilities in the places where these individuals live and work. Assists individuals in making choices; in leading self-directed lives; and in contributing to their communities. Finally, they encourage attitudes and behaviors in the community that support the inclusion of individuals with developmental disabilities.

Likes and Dislikes
The foods, activities, people and places that individuals choose or do not choose (sometimes referred to as preferences).

Person-Centered
Supporting people with disabilities in making their own choices for everyday and major lifestyle decisions.

Teaching Choice-Making
The different ways used to present opportunities for choices in what, how, where, when and with whom people do activities. The result of this teaching is choice-making.

If You Want to Read More About
Supporting Choice: Identifying Preferences

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Opportunities for Daily Choice Making. Washington, DC: American Association on Mental Retardation.

Belfiore, P. J., & Toro-Zambrana, W. (1994).
Recognizing choices in community settings by people with significant disabilities. Washington, DC: American Association on Mental Retardation.

Everson, J. M., & Reid, D. H. (1999).
Person-centered planning and outcome management: Maximizing organizational effectiveness in supporting quality lifestyles among people with disabilities. Morganton, NC: Habilitative Management Consultants.

Parsons, M. B., Harper, V. B., Jensen, J. M., & Reid, D. H. (1997).
Assisting older adults with severe disabilities in expressing leisure preferences: A protocol for determining choice-making skills. Research in Developmental Disabilities, *18*, 113-126.

Worksheets and Activities

Optional Activity: Supporting Choice

Directions: Select a daily routine in the place where you work. It can be the early morning routine from the time an individual gets up until time for work, at mealtime, or the late afternoon or in the evening during leisure time. List the choice that is now offered in the left column. In the right column, list as many choices as you can that could be given to the individuals in the home where you work.

The selected routine? _____

The way it is today for the individual	**Other choices that might be offered**
What?	**What?**
How?	**How?**
When?	**When?**
Where?	**Where?**
With Whom?	**With Whom?**

Year 2
Direct Support Professional Training

Resource Guide

Session #2
Person-Centered Planning and Services

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Key Words

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- Person-Centered Planning
- Choice
- Preferences
- Ask, Observe, Ask Others
- Communication
- Teamwork

Information Brief

What Are the Values of Developmental Disabilities Services in California*

Services for people with developmental disabilities in California are based on an important set of values. These values can be found in the Lanterman Developmental Disabilities Services Act. The Lanterman Act which started our current statewide system of services in the 1970s, begins by mentioning that a vision for the future of California is one where individuals with developmental disabilities can participate in everyday life with their friends, neighbors, and co-workers.

It also mentions that services for people with developmental disabilities are based on the values of choice, relationships, regular lifestyles, health and well-being, rights and responsibilities, and satisfaction. Below is a brief description of those values.

Here is what California law (the Lanterman Act) says about the value of **choice**:

- **services and supports should be based on the individual and his/ her needs and preferences**;
- **individuals** (with help from parents, legal guardians, or conservators when needed) **should take part in decisions about their own lives** (like where and with whom they live,

• Adapted from **Looking at Life Quality**, Department of Developmental Services (1996).

Your Notes

their relationships with others, the way in which they spend their time, and setting goals for the future);

- **people need to have a chance to practice making decisions and choices**;
- **an individual's choice** (or parents, conservator, or guardian where support is needed) **of service providers should be honored**; and
- **services and supports should change based on the changing needs or preferences of an individual**.

Here is what California law says about the value of **relationships**:

- **people with developmental disabilities have the right to develop relationships, marry, be part of a family, and to be a parent if they choose**;
- **support may be needed to develop intimate relationships** (like transportation, family counseling, or training in human development and sexuality);
- **support may be needed to help people start and keep relationships with friends and other community members**.

Here's what California law says about the value of **regular lifestyles**:

- **people should have a chance to be involved in the life of their community in the same ways as their neighbors, friends and fellow community members**;

Your Notes

- **services should be provided whenever possible in the home and community settings** where people live and work;
- **cultural preferences should be honored**;
- **individuals should have the training needed to be** as **independent and productive** as possible;
- **services should be changed as individuals need change**;
- **people should be comfortable where they live, have privacy** when they need it, and should **have a say in the way their living space is decorated and arranged**; and
- **there should be services and supports which would allow minors with developmental disabilities to live with their families whenever possible**.

Here's what California law says about the value of **health and well-being**:

- **people have a right to be free from harm** and to live a healthy lifestyle;
- **individuals should have a chance to learn how to keep themselves safe,** or have services and supports which will provide safety;
- **individual's have a right to quick medical, mental, and dental care and treatment when they need it**; and
- **people should have access to achieve the best possible health,** or have services and supports which will keep him/her healthy.

Your Notes

Here's what California law says about the value of **rights and responsibilities**:

- **people with developmental disabilities have the same basic legal rights as other citizens**;
- **individuals with developmental disabilities have a right to treatment and habilitation, dignity, privacy, and humane care, prompt medical care and treatment, religious freedom, social interaction, physical exercise, and, to be free from harm**;
- **people have the right to make choices** in their own lives, such as where to live, who to live with, who to have relationships with, education and employment, leisure, and, planning for the future;
- along with all of these rights are responsibilities, such as respecting the privacy of others, and being an informed voter; and
- **individuals should have a chance to learn about their rights and responsibilities**, and how to advocate for themselves.

Here's what California law says about the value of **satisfaction**:

- **individuals should have a chance to plan goals for the future** and to work towards them;
- **individuals should be satisfied with the services and supports they receive and should have a chance to change them when they are not satisfied**; and
- **people should have a chance to have a quality life**.

Your Notes

Review from Year 1

Additional Resource Information

Important Questions that Promote Quality of Life

As you go about your work in supporting people with developmental disabilities and promoting life quality, ask yourself these simple questions every day:

- **Participation**
  Are there opportunities for participation (even if only partially) in a variety of community and social activities? (for example, a local farmer's market, parades, community concerts, county fairs)

- **Friendship**
  How many friends does the person have? Are there lots of opportunities to interact with and meet people (including people without disabilities who are not staff)? (for example, church, library, coffee shop, attending local baseball games)

- **Relationships**
  What opportunities do people have to be "givers" in a relationship? How are people recognized for their individual gifts and talents? (for example, joining a local walking or hiking club, volunteering at a senior center)

- **Interdependence**
  Are there opportunities for individuals to learn how, when, and where to use available resources to get involved in their communities?

Your Notes

Review from Year 1

(for example, classes at the community college, working out at the local gym)

- **Independence**
  What skills are people learning that will help promote independence? (for example, self-care, picking out clothes, getting dressed)

- **Meaningful activities**
  Are people provided with purposeful activities in meaningful (real) situations? (for example, using a vending machine, shopping for food, cooking)

- **Motivation**
  Are the activities people engage in motivating and interesting to them? (for example, helping cook a favorite meal, shopping for favorite items)

- **Choice**
  Are there many opportunities for individuals to make choices throughout the entire day. Choices should be a natural part of an individuals life rather than offered as a treat or reward that must first be earned (for example, what clothes to wear, when to get up on Saturday morning, where to live).

- **Respect**
  How are people's routines and choices respected? How well do we listen to the people we support? (for example, starting a morning routine with a cup of coffee for one person or taking a shower first for another person).

Mesaros & Shepard, revised 1999

Your Notes

Review from Year 1

Information Brief (Excerpts from More Than a Meeting)

What is Person-Centered Planning?

Introduction

Person-centered planning isn't so new and it isn't hard to do. It's really as easy as listening to people with developmental disabilities (or their families as appropriate) about things like:

- where to live;
- how to spend time each day;
- with whom to spend time; and,
- hopes and dreams for the future.

It's also about supporting people in the choices they make about their life. That can be the hard part!

Person-centered planning is one way of figuring out where someone is going (life goals) and what kinds of support they need to get there. Part of it is asking the person, their family, friends and people who work with him or her about the things she or he likes to do (preferences) and can do well (strengths and capabilities). It is also finding out what things get in the way (barriers) of doing the things people like to do. If people can't talk for themselves, then it's important to spend time with them and to ask others who know them well.

Your Notes

We all have hopes and dreams for the future. Some we can work for on our own, many take support from others. Some of our plans for the future will happen, some will not. Important things to remember about person-centered planning are:

- people with developmental disabilities (or their families and friends if they can't speak for themselves) are in the driver's seat; and,
- it's our job to supporting people to achieve their choices, hopes and dreams.

Person-Centered Planning and the Lanterman Act

The Lanterman Act says that **regional centers will**:

- **do person-centered planning**;
- **make sure that the choices made by the planning team are written into the Individual Program Plan (IPP)**;
- **give people all the information they need to make choices for themselves**; and
- **support the many different ways that individuals might choose to live**.

Your Notes

The Person-Centered Planning Team

Everyone who uses regional center services has a planning team. The people on the team must be the person who uses regional center services (and family member if someone is under 18 years old, or guardian or conservator if the individual has one), the regional center service coordinator or someone else from the regional center. The team can also include people who are asked to be there by the individual like family, friends and *direct support professionals.*

If someone doesn't speak very well or if someone speaks a different language, then there should also be an interpreter on the team. Remember, the things that people talk about should be easy to understand. It's important to make sure that people have all the information they need to make choices for themselves.

Team roles and responsibilities. When a team gets together to work on a person-centered plan, everyone has a job to do.

Individual and/or Family. Provide information about needs, preferences, likes, and dislikes.

Team Leader or Facilitator. Anyone on the team who wants to help keep the meeting going.

Team Recorder. Someone who will takes notes at the meeting.

Team Members. Everyone who comes to support the person and his or her family in working on a plan.

Your Notes

Team Meetings. The team gets together to talk about things, like what's going well for someone and what could be better. **Remember, person-centered planning is more than a meeting.**

It's also the job of the team to look at the IPP to make sure that the services that people are getting are supporting their choices and are making a difference in their lives. If not, then the IPP can be changed by the team. Remember, this kind of planning may take more than one meeting.

Some things to remember. When you are working on a person-centered planning team, there are five important things to remember:

1. **getting to know someone really well;**

2. **finding out about what is important to the person;**

3. **supporting someone's choices about where he or she wants to live, how he or she wants to spend each day, whom he or she wants to spend time with, and his or her hopes and dreams for the future;**

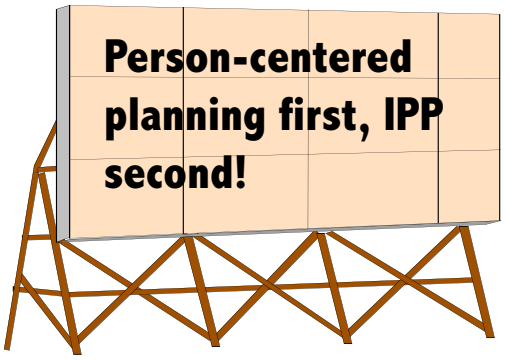
4. **working with others to come up with a way to make those choices a part of the person's everyday life; and**

5. **figuring out what supports and services someone needs and wants.**

Your Notes

Person-Centered Individual Program Plans. The person-centered planning process helps the team figure out the preferences, needs and choices of an individual. Once that process is completed, the team talks about the kinds of services needed to support the person now and in the future and the person-centered Individual Program Plan is developed. **The plan includes:**

- **kinds of services and supports the individual needs,**
- **who will provide each service and support, and**
- **how these services and supports will assist the individual to have opportunities to experience what is important to him or her and to get moving towards his/her goals for the future.**



Your Notes

How One Regional Center Describes the Process

(**Note:** This article is from *Lanterman Regional Center*.)

"Person-centered planning refers to the type of planning process your planning team uses when assisting you to develop your Individual Program Plan (IPP) or Individual Family Support Plan (IFSP). A planning process is person-centered when it focuses or centers on you, the individual or involved family member. **Person-centered planning means focusing on strengths, capabilities and needs in developing a plan that assists you or your family member to achieve an independent, productive and satisfying life.** When the planning team uses a person-centered planning process to assist an individual in developing an IPP, it means that the planning team will:

- Invite people to the IPP meeting whom the individual wants on his or her team.
- Schedule the IPP meeting at a time that is convenient for the individual.
- Focus on the preferences and choices of the individual.
- Give the individual and people in his or her circle of support the information needed to make choices and decisions.
- Support the way the individual chooses to live and spend his or her time.
- Make sure that the services the individual receives are supporting his or her choices.
- Make sure that the services the individual receives make a difference in his or her life."

Your Notes

Information Brief

The Role of the DSP in Person-Centered Planning

Introduction.
Getting to know someone is at the *core* of person-centered planning. Of course, t**he best way to get to know someone is to spend time doing things together, talking, listening, and watching to figure out what is important to someone**. The *Direct Support Professional* is often in the best position to know this information.

Once we understand how an individual wants to spend time each day, whom they want to spend time with, and their hopes and dreams for the future, we will know more about an individual's preferences. The next step is, of course, to figure out ways to support that those preferences with services and supports.

Ask, Observe, Ask Others, Review Records.
The best way to find out about someone's like and dislikes is to ask him or her. *What's your favorite meal? If you could go anywhere in this town, where would it be? What kinds of music do you like best? What's your favorite weekend activity?*

When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities at the home (for example, meal time, outings, free time) and the way that people respond to them. Do you see smiles, frowns, shrugs, eagerness?

Your Notes

This will start to give you an idea of the kinds of things that people like and do not like to do and with whom they like to spend time.

If someone is new to the home or it's difficult to figure out his or her preferences, it's important to start writing down those preferred choices (for example, foods at meal time, free time activities).

You will also want to ask others. If there are family and friends, or day program staff who know the person well, remember to ask them questions about preferences. *When does he seem to be the happiest? What are her favorite places to go?*

Finally, you may find additional information about preferences in the individual record. If there is a summary of a person-centered planning session, you should find a list of likes, dislikes and preferences.

Recording what you learn. As you learn about individual lifestyle preferences, it's important to communicate them to other staff and to the person-centered planning team. You might do this in staff meetings, team meetings, a staff log, or in progress notes. This will help create more opportunities for favorite activities, menu items and daily routines. It will also help the team develop a more person-centered Individual Program Plan.

Your Notes

Information Brief

What Does Behavior Communicate?

When people do not communicate with words or signs, it's often difficult to determine their preferences, likes and dislikes. However, **all of us communicate information through our behavior.**

As stated earlier, an important role of the DSP in person-centered planning is to observe behavior. **Individual behavior usually communicates three things:**

1. **What someone wants**
2. **What someone doesn't want**
3. **When someone wants attention**

How would someone's behavior tell you that he or she wanted something? When you offer a person a choice of foods for dinner, he or she might point to a preferred food or look in the direction of that food. Or, if you mention that you are going on an outing to the park and someone quickly exits the house to get into the van, that might tell you that something about the activity (for example, riding in the car, playing frisbee at the park) is a preference.

Sometimes, it's easier to figure out what a person doesn't like. For example, someone might spit out food that he or she did not like, or push away a staff person who wants to help.

Imagine that you don't have words to describe your feelings. How would you let someone know that something was making you happy or unhappy?

Your Notes

Information Brief
Effective Teamwork

Teamwork is a key to successful person-centered planning and services for people with developmental disabilities. In addition to the people you work with and support, your team will likely include family members, consultants, health professionals regional center and licensing staff, as well as staff from other community services. So, it's important to know some basics about teams and how they work best.

What is "teamwork"?
Teamwork is about sharing, cooperating, and helping one another.

An effective team is a group of people working together with a common purpose, who value each others contributions and are working toward a common goal. Working through teams usually gets better results than a lot of individual efforts which may be working against each other.

Many experts say trust is basic to successful teamwork. Trust takes time, because it depends on people getting to know each other to see whether they say what they mean, do what they say, and contribute to the work of the team.

Besides ***trust***, other values that support teamwork are:

- open, honest communication;
- equal access to information; and
- a focus on the goal.

Your Notes

Effective Planning Teams. As stated earlier, **everyone has an important role to play in the person-centered planning process.**

Individuals with developmental disabilities and their families, have a big part to play. As team members, they talk about their choices, hopes and dreams and what services and supports they need to be successful.

Direct Support Professionals provide information about what they see and hear from individuals regarding preferences, likes and dislikes. Most important, they provide services and supports which help individuals work towards their hopes and dreams and support the choices they make about life.

Regional center service coordinators help write up the IPP. They look for service and support when needed. The service coordinator makes sure that the services that people get are the ones they need and want and that they make a difference in someone's life.

Your Notes

Information Brief

Effective Teamwork and Communication with Families

Note: **Families provide important information about the preferences, likes and dislikes of a relative.** Below you will find some good ideas for working and communicating with families. It was adapted from Frontline Initiative (see Resources) and was written by a DSP.

Introduction. One of the greatest challenges for a DSP is in successfully communicating with families. As a resident counselor for more than five years, I have worked closely with the families of the three women who live where I work.

In addition to having regular contact with those families who are very involved with their relatives, I encourage contact with family members who don't have much involvement. I believe **one of the most important things to keep in mind is that the goal of communication is to serve the best interests of the individual to whom I provide supports.** Here are some general tips on communication that work for me.

Take the first step. All too often, it is a family member who contacts the DSP. The DSP, however, needs to be the one to start the communication. For example, I see the frustration of families who are not notified about staff changes. **Communication about staff change shows your interest in the individual and shows the value you place on families.**

Your Notes

Communicate as soon as possible. Early communication is important to get the relationship off to a good start. It is common that the first contact between a DSP and a family member often involves a problem. This is frustrating way for families to start a relationship with the caregiver of a relative. **Communicating early on positive grounds goes a long way in getting the relationship off to a good start.**

Work as a team. **The relationship between families and DSPs should be a positive one. It should be seen as a chance to work together to serve the best interests of the individual.**

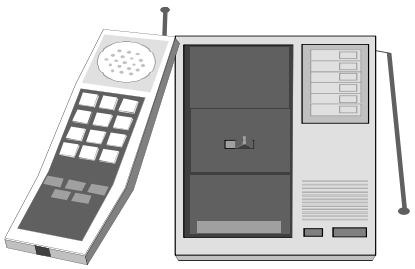
Share information with other staff members. By sharing information provided by families with other staff, the DSP can improve the quality of care they provide. Further, helping each other learn how to work effectively with family members can be an important part of this communication.

Use a variety of methods. Speaking with family members and writing them notes are just two methods of communication. Be creative! Be practical!

Be honest. Honesty in your interaction with families is very important. Learn how to best approach family members with what needs to be said. What works well with one family might not work with another.

Be an advocate.
As DSPs, we have two jobs. We are responsible for the day-to-day care of the individuals we serve and we are also called to advocate on their behalf. This is probably one of our most important

Your Notes



functions, as it involves serving the best interest of those with whom we work. At times, being an advocate will involve working together with family members on behalf of the individual. At other times, it might involve advocating on behalf of the individual in matters with which the family might disagree.

Show you care. Your genuine concern for the individual, as well as for their family members, will serve you well. Sharing observations with family members as well as asking for their input, will go a long way in maintaining positive communication. Your genuine care and concern will earn you respect that will foster your positive relationship with families.

These are a few ways I have found that have improved both the lives of the people I provide supports to and my work. **As DSPs, we can greatly improve the quality of our services simply by looking for more effective and creative ways to communicate, especially with families.**

Terri Niland is a Co-Resident Counselor for Arc of Montgomery County, Maryland

Concluding note: Last, but certainly not least, be sensitive to the individuals you support who may not be enthusiastic about the involvement of their families. Adults who do not have a guardian or conservator, have a right to decide how much family involvement they wants. This may be something you have help individuals and their families work.

Your Notes

Key Word Dictionary
Person-Centered Planning Session #2

Ask, Observe, Ask Others

The best way to find out about someone's like and dislikes is to ask him or her. When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities at the home and the way that people respond to them. If someone is new to the home or it's difficult to figure out his or her preferences, it's important to start writing down preferred choices from the beginning. It's also important to provide those choices again to make sure that your hunches are correct. You will also want to ask others. If there are family and friends, or day program staff who know the person well, remember to ask them questions about preferences. Finally, you may find additional information about preferences in the individual record.

Choice

A choice is a statement of preference. Selecting something to do from one or more options. Choice opportunities must be provided in a way that each individual understands. Individuals with developmental disabilities have a right to make choices including where and with whom to live, the way they spend their time each day and with whom, what things to do for fun, and plans for the future. Making frequent choices increases one's life enjoyment. Choice means having control and confidence in our lives.

Communication

Communication is the process of sending and receiving information to others. We communicate for many reasons, including: (1) giving and getting information; (2) expressing feelings; (3) problem solving; (4) teaching; (5) socializing; (6) persuading; (7) decision-making; and (8) building relationships. Regardless of the reason we are communicating, it is important to be clear about the message, and be certain that we understand another person's message to us.

Person-Centered Planning

Person-centered planning is one way of figuring out where someone is going (life goals) and what kinds of support they need to get there. Part of it is asking the person, their family, friends and people who work with him or her about the things she or he likes to do (preferences) and can do well (strengths and capabilities). It is also finding out what things get in the way (barriers) of doing the things people like to do.

Person-Centered Planning Team

Everyone who uses regional center services has a planning team. The people on the team must be the person who uses regional center services (and family members if someone is under 18 years old), the regional center service coordinator (social worker, case manager, or counselor) or someone else from the regional center. The team can also include people who are asked to be there by the individual like family, friends and *direct support professionals.*

Preferences

Preferences are things like how an individual wants to spend time each day, the kinds of food someone prefers, their personal and cultural traditions, family connections, friendships whom they want to spend time with, and their hopes and dreams for the future.

Teamwork

Teamwork is about sharing, cooperating, and helping one another. An effective team is a group of people working together with a common purpose, who value each others contributions and are working toward a common goal. Working through teams usually gets better results than a lot of individual efforts which may be working against each other.

If You Want to Read More About
Person-Centered Planning and Services

A Workbook for Your Personal Passport
by Allen, Shea & Associates (1996) with special thanks to: Patsy Davies, Claudia Forrest, Mark Rice and Steve Sweet

This workbook is for people with developmental disabilities and their friends and families who want to learn more about person-centered planning. It also provides an easy way to work on a first plan.

All My Life's A Circle
Using the Tools: Circles, MAPS & PATHS
This booklet (1994) was written by Mary Falvey, Marsha Forest, Jack Pearpoint, and Richard Rosenberg.

It's all you wanted to know about how these three powerful processes work. Available from Inclusion Press International, 24 Thome Crescent, Toronto, ON, Canada M6H 2S5, tel: (416) 658-5363, fax: (416) 658-5067, e-mail: includer@idirect.com, CompuServe: 74640,1124.

Developing First Plans! A Guide to Developing Essential Lifestyle Plans
by Michael Smull & Bill Allen; Self-Published (1999)

Essential lifestyle planning is one form of person centered planning. It is a way to learn what is important to each person in everyday life. This manual is intended for use by those who have completed training in how to develop plans. It is **not** a substitute for training and should not be used without training. For more information about training, visit **www.allenshea.com** and click on *M. Smull and Friends.*

It's Never Too Early, It's Never too Late!
by Beth Mount and Kay Zwernik (1988) from the Governor's Planning Council on Developmental Disabilities

The goals of personal futures planning are to help someone develop a picture of what the future will look like for him or her, to build a circle of people who will help support that picture or plan, and to take some first steps. For more information on how to use personal futures planning, you can get a copy of this booklet from the Governor's Planning Council on Developmental Disabilities, 300 Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, tel: (612) 296-4018, fax (612) 297-7200.

Listen, Understand, Plan, Support: A Resource Guide on Individual-Centered Planning

developed by Allen, Shea & Associates for CARF . . . The Rehabilitation Accreditation Commission (1996)

In this resource guide, you will find some general information about: the basic concepts of individual-centered planning; an example of the process from information gathering to plan development; ideas about facilitating a planning team; additional resources you can purchase which will provide more information about planning in this way; some brief articles about planning in different service environments; and several checklists to help you look at your planning process.

My Life Planner; Letting Go; Dream Deck

by Emilee Curtis and Milly Dezelsky (1993)

My Life Planner and *Letting Go* (1993) provide a variety of activities to assist people with developmental disabilities and family members in planning for the future and figuring out more about their preferred lifestyles, interests, and preferences. *Dream Deck* (1993) is a visual approach to finding out more about preferred activities and interests. For information on purchasing these and other great documents, contact New Hats, Inc., P.O. Box 57567, Salt Lake City, Utah 84157-7567

Additional Resource

Joan's Meeting: A Person-Centered Approach

(Note: The information outlined below is provided to give you an example of how a person-centered planning meeting would flow.)

The Focus Person. Joan was 20 years old when her family asked to participate in a person-centered planning meeting which would help them think about what Joan's life would look like after high school. They asked their regional center service coordinator to lead the meeting. They requested that the meeting be held at Joan's group home.

Who is on Joan's team? There were eight people at Joan's meeting. After everyone got comfortable, Joan said hello to everyone and asked Diane to start the meeting. Diane talked for a few minutes about why everyone was there and how they could help Joan and her family develop her plan. She asked everyone to introduce themselves and she also mentioned a few ground rules for team members:

(1) let everyone have a chance to talk;

(2) keep everything that is talked about in the room;

(3) try not to judge anyone's ideas since this was a time to be creative and to think about all of the possibilities; and

(4) if you say you're going to do something to support Joan, then do it.

Diane started the process by asking Joan: *Who is a part of your life? Who is on your team?* Before the meeting, Diane had asked Bob (Joan's brother) to record what the team had to say on some large sheets of poster paper.

To record the answers to her first question, she asked Bob to draw a big circle with Joan in the middle and then to write Joan's answers around her. When Joan seemed to be done, Diane asked others if there were other important people in Joan's life.

What are some great things about Joan? This question helped set a positive tone for the evening. It also helped develop a picture of Joan's strengths. When everyone was finished sharing, Diane repeated the list so that Joan could hear these great things again.

What would Joan's <u>best</u> and her <u>worst</u> day look like? Getting an idea of Joan's best and worst days helps focus the picture of what is important to her. The team spent a lot of time on this part of the process, and the list was very detailed. Diane asked some very specific questions, like, *What do you like to do the first thing in the morning?* and, *If you were having a bad day, what would you be doing?* Again, the idea here is to build on the picture of Joan and what's important to her. This will be very helpful when it comes time to develop a plan for Joan's life after high school.

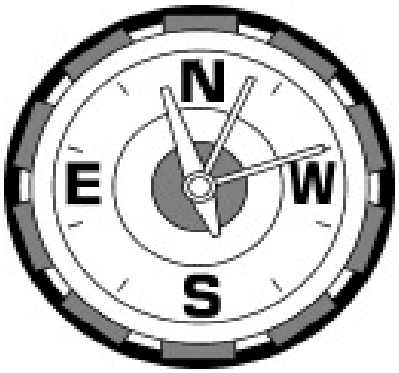
What are Joan's hopes and dreams for the future? Diane asked Joan, *All things possible, what are your hopes and dreams for the future?* Diane asked Joan's parents, *What do you see yourself doing in the next three to five years?* Diane asked others as well and reminded everyone on the team, *This is a chance to dream about what could be for Joan.*

What is in the way? Diane wanted to find out if Joan or anyone on the team had any fears about Joan's plans for the future. This is a very important part of planning.

How can we support Joan? Diane asked Joan and the team, *What support would help most right now? How can we support Joan in moving toward her future? How can we support her in making those things that are important to her a part of her everyday life?* Everyone had some great ideas about the future and about what they could do right now to support Joan. This really helped encourage everyone to work together as a team.

It's time to start working on a plan! Diane asked how everyone was feeling, and everyone was excited and tired at the same time. It had been about two hours, and Diane could see that Joan and others were starting to fade. She asked if everyone would be willing to get back together to work on a plan for Joan, and they all agreed to meet within a week. After the next meeting, it will be Diane's responsibility to write the *Individual Program Plan.*

Joan's team gets together again. Everyone on Joan's team stayed in touch by getting together to talk about how things were going. Six months after their first meeting, they decided to sit down together and help Joan update her plan. They used the same process as before of reporting and recording what had happened on each of Joan's goals.



Additional Resource

Fred's Complete Person-Centered Plan

Note: On the following pages, you will find the summary of a person-centered planning process. This plan was developed at a group home for people with significant behavior challenges and autism. While the names and some of the facts have been changed, it is based on a real plan.

It is **not** an *Individual Service* or *Program Plan*. It is the information collected from people (for example, family members, Direct Support Professionals) who are involved in Fred's life. It is a snapshot about his preferences, likes, dislikes, health, the concerns of others and what it takes to support him.

There are lots of ways to do person-centered planning. This way is modeled after *Essential Lifestyle Planning*. This plan was completed by the person who is a consultant to the group home on behavior challenges.

The next step in the planning process would for the regional center to develop an *Individual Program Plan* (IPP). The IPP will be discussed in the next module and Fred's IPP can be found there as well.

A few words about Fred. He is almost 30 years old. He has autism and some behaviors that are challenging to the people who work with him. For example, he likes to run off by himself and will do so if someone isn't with him. He does not use words, but uses a few signs and gestures to communicate. He can do a lot of things for himself if you remind him. He goes to a day program during the week and makes a little money for some production work. His mother lives in the same county as Fred's group home and likes to see him as much as possible.

Fred Jones' Person-Centered Plan
5/7/99

Who helped work on the plan?

Fred Jones	
Sally Jones	Fred's mom
Carol Preston	Administrator
Steve Jimenez	Consultant
Susie Anderson	Direct Support Professional
Meokia Jones	Direct Support Professional
Grace Hernandez	Direct Support Professional
Marissa Murphy	Friend, Former DSP at the home
Jennifer Asai	Regional Center Service Coordinator

Some great things about Fred

Fred is:

- very knowledgeable about what's happening around him
- handsome
- strong willed
- affectionate
- helpful
- fun
- social
- a tease with a good sense of humor
- unpredictable and moody at times
- very coordinated with his body
- a good worker
- always observing what's going on
- curious about everything

Fred's Strong Preferences

Fred loves:

- Hiking, running/jogging, walking, swimming
- Eating
- Helping staff out with chores
- Chopping vegetables
- Riding in the car/van
- Strings on clothes and scratching his skin with the string
- Putting puzzles together
- Sifting sand

Fred likes:

- To be tickled, have his back scratched, hand rubs, head rubs, foot rubs and hugs if he is in the mood
- Wearing airy, light, bright colored clothes and dark shoes
- Wearing dark, tight socks that go up to his knees
- Popcorn, healthy chips, fresh beans, pinto beans, garbanzo beans, refried beans, salad with no dressing, pesto, spicy food, salsa, ice cream, cookies, corn dogs, white crackers, steak, beef and broccoli dishes, gumbo, Mexican food, French fries, fried fish, jelly sandwiches, avocados, potatoes, "greasy food", sugarless candy, apples carrots, natural sodas, bagels
- Books and toys
- Bright colored things
- Practicing communication like forming words and signs
- To make choices as to where he goes and what he does

Fred does not like:

- Most sandwiches (he will take them apart), pot roast, tuna, mayonnaise, mustard, ketchup, condiments or sauces or dressing on salad
- To take out the trash

Things Fred Wants To Do More:

We're not really sure, but we think Fred would like to

- Draw, to paint on an easel
- Play games with staff (jenga, activities)

Our Biggest Concerns About Fred

- Throws things including clothes and shoes, over fences, onto rooftops, out windows, out of cars, over cliffs, off high places
- Clog toilets
- Bugs people to get them upset
- Takes off clothes and shoes in public
- Pulls up other's socks
- Leaves the house unsupervised
- Physically intimidates a new staff person working with him
- Takes food he likes from others
- Takes off his seat belt when riding in a car or van
- Rips books and magazines apart
- Empties containers into the sink, especially liquids
- Takes other peoples clothing off (especially socks)
- Spits out medications
- Over eats foods that are not healthy or good for him like raw chicken
- Sometimes goes into other's rooms without their permission
- Stashes stuff in heater vents or behind beds
- Urinates in public and in his bedroom and sometimes drink it
- Smears feces (wipe with his hands)
- Becomes obsessive with hugging and squeezing others
- Does something out of the ordinary when he is not in control
- Makes continuous trips to bathroom
- Can pull strongly when he wants to go

Our Biggest Health Concerns About Fred

- Sometimes get constipated when he eats peanuts, cheeses, dairy products, sugar and caffeine and needs to take laxatives
- His diet and water intake directly affect his constipation and behavior
- He is very sensitive to sugar and food additives and must have his diet monitored
- Has very dry, sensitive skin that needs to be monitored and have lotion (Lubriderm) put on
- He must take his medications as they are prescribed and drink water to combat the dryness
- To have his caffeine monitored because he takes Luvox
- He is susceptible to seizures
- Has allergies that must be monitored
- He must not have a blood transfusion

To Support Fred Successfully, We Need to

In general:

- Read his plan and know it before working with him
- Fred needs some help with personal care, washing his hair, putting on lotion after showering, tooth brushing. It's very important that he do as much as he can on his own

In regards to his diet and health:

- Be sure he has a high fiber diet with plenty of fruit and vegetables
- Do not prepare sandwiches made with mayo, mustard, or ketchup
- Remember he likes jelly sandwiches
- Never feed him pork or processed foods with caffeine
- Limit his salt and sugar intake, it directly affects his health
- Make sure he drinks lots of water
- Make sure he takes his vitamins as scheduled
- Make sure he has lotion for his dry skin, especially in the summertime
- Don't interfere with him smelling his food
- Be prepared for seizures by reading and understanding the seizure protocol
- If Fred is upset for a while, this could mean he is in physical pain, feel his stomach to see if it is hard and making growling noises, if so inform the program supervisor
- If Fred refuses food, interactions or getting out of bed, he could be sick, make sure to give him water and inform the program supervisor
- Remember that Fred needs to exercise daily
- Remember that Fred must wear some kind of footwear when he goes into the community
- Remember that Fred is not to get blood transfusions if he goes to the hospital

In working with Fred:

- Give him the opportunity to control activities by choosing where he goes and what he does
- Don't discuss his negative behaviors where he can hear you … that is disrespectful
- Treat him as an equal, not as a child
- Don't talk about him with others as if he is not there
- Be truthful with him and follow through on what you promise him
- If you can't do an activity or give him a choice, tell him the reasons and explain why
- Fred hates to wait, so let him know you are ready to go only when you are ready to go
- If you are new, Fred may try to intimidate you, so be prepared
- If you need support or shown how to interact and set limits with him, then let your supervisor or coworkers know
- Sometimes Fred will do things that bother you or bug you and if you show it, he will do it more
- Don't show it and if you can't help yourself, then have someone else work with him (if possible)
- Remember that Fred uses signs and gestures and that if you don't understand him, then ask yes and no questions

In regards to his challenging behavior:

- Fred must wear his wrist alarm at all times and the door unit must always be on. He will usually want to leave the house when it's crowded, someone is upset, staff changes, he has left successfully in the last few hours or days.
- A staff person should always be in the kitchen/living room area.
- There is a backup alarm system on the front door. Turn it on if the electricity goes off. If you don't know how, then ask someone to show you. There is also an alarm on the back gate near the office and one in the family living room. If the gate is opened, the alarm will go off, so check immediately.
- Don't talk about Fred liking to leave if Fred is within listening range
- Fred loves to play with balls (like basketball), but don't play next to a fence because he will throw it over.
- If he throws something, don't retrieve it in front of him if at all possible
- If Fred takes off any clothing or urinates in public, then he must go home immediately (and be sure to write a special incident report)
- Always remember to have him use the restroom before leaving the house and often when you are in the community

Worksheets and Activities

Activity: What's Important for Your Life Quality?

First, write up a list of the things you like to do? For example: what kinds of things do you like to do at home? at work? for fun? around town? what kind of music do you like? what kind of movies do you like? what kind of food do you like?

A List of the Things You Like to Do?

Next, what would a typical day and weekend day look like for you? For example: what kinds of activities are you doing? what kinds of food would you usually be eating? who else is involved in your life?

A Week Day ...

When you first get up

During the day

At night

A Weekend Day ...

When you first get up

During the day

At night

Last, which are the things that you need to live a good quality life? Look at your *list of favorite things to do, your week* and *weekend days* and ask yourself, which of things do you **have to have in your life every day**? These are the things that you need to live your life the way you want. If you had to live without these things, it would make your life a lot harder. It might be a favorite activity, food, something you like to wear, someone you like to be with and so on. Look at all three lists (favorite things, weekday and weekend) and **circle those things that you need to live a good quality life**.

Activity:
Active Listening - Joe

First, watch the two videos and take some notes. After you have watched them both, work as a group to come up with a list of things that are important to Joe and Bruce. Don't forget to include the things you hear about favorite activities, relationships, and food.

What did I hear that's important to Joe?

What are some other questions I could ask to find out more about what is important to Joe?

Activity:
Active Listening - Joe

First, watch the two videos and take some notes. After you have watched them both, work as a group to come up with a list of things that are important to Joe and Bruce. Don't forget to include the things you hear about favorite activities, relationships, and food.

What did I hear that's important to Bruce?

What are some other questions I could ask to find out more about what is important to Bruce?

Activity:
Choice-making

Write notes on what choice the group has made and why the group made the choice.

Choice 1:

Why did the group make this choice?

Choice 2:

Why did the group make this choice?

Choice 3:

Why did the group make this choice?

Activity:
Planning with Fred

After you break into small groups, spend about 5 minutes looking over some things we know about Fred. As a group, answer the questions at the end of this activity. Make sure that someone plays Fred and answers your questions about possible activities and meals.

Fred's Likes and Dislikes

Fred likes: hiking, running/jogging, walking, swimming; helping staff out with chores; riding in the car or van; sifting sand; drawing; playing games; books; practicing his communication signs; and many different kinds of food (popcorn, healthy chips, fresh beans, pinto beans, garbanzo beans, refried beans, salad with no dressing, pesto, spicy food, salsa, ice cream, cookies, corn dogs, white crackers, steak, beef and broccoli dishes, gumbo, Mexican food, french fries, fried fish, jelly sandwiches, avocados, potatoes, "greasy food", sugarless candy, apples carrots, natural sodas, bagels).

Fred does not like: most sandwiches, pot roast, tuna, mayonnaise, mustard, ketchup, condiments or sauces or dressing on salad; and taking out the trash.

To Be Successful with Fred, We Need to -

- be truthful with him and follow through on what you promise him;
- give him the opportunity to choose where he goes and what he does on outings whenever possible;
- if you can't do an activity or give him a choice, tell him the reasons and explain why;
- let him know you are ready to go only when you are ready to go because Fred hates to wait;
- know that sometimes Fred will do things that bother you or bug you and if you show it, he will do it more; and
- remember that Fred uses signs and gestures and that if you don't understand him, then ask yes and no questions.

Challenging Behaviors

Fred's challenging behaviors include: taking off clothes and shoes in public; leaving the house on his own without telling anyone; takes off his seat belt when riding in a car or van; rips books apart and magazines; spits out medications; and, he urinates in public if he has to go to the bathroom.

To Work with Fred's Challenging Behaviors, We Need to -

- remember that he will usually want to leave the house when it's crowded, someone is upset, or when staff changes;
- make sure that a staff person always knows where he is in the house;
- take him home immediately, if he takes off any clothing or urinates in public; and
- always remember to ask him to use the restroom before leaving the house and often when you are in the community.

Health Concerns

Fred's health concerns include: sometimes get constipated when he eats peanuts, cheeses, dairy products, sugar and caffeine; very sensitive to sugar and food additives; must take his medications as they are prescribed and drink lots of water; he sometimes has seizures; he has allergies; and he must not have a blood transfusion.

To Support Fred's Health, We Need to -

- be sure he has a high fiber diet with plenty of fruit and vegetables;
- prepare sandwiches without mayo, mustard, or ketchup;
- make sure he drinks lots of water;
- understanding the seizure protocol;
- make sure he has an opportunity to exercise daily; and
- remember that Fred cannot get a blood transfusions if he goes to the hospital.

Activity:
Planning with Fred

As a group, answer the following questions based on what you know about Fred. Make sure that someone plays Fred and answers your **yes** and **no** questions about possible activities and meals.

1. **Some possible activities for the week.**

2. **A menu for two dinners.**

Activity: Successfully Supporting Fred
A Team Summary

After you have divided up into small groups, one of you should be a recorder for this activity. You and your team are working on **A Team Summary** for Fred who lives in the home where you work. This will help all staff remember what works and what doesn't work. It's time to complete a summary for Fred. As a team, write up a list of the most important things that everyone needs to do to be successful in supporting Fred. Once again, make sure that someone plays Fred and answers your **yes** and **no** questions. You can look back at Fred's plan and don't forget diet, health, safety and behavior challenges.

What Should You Always Do?

What Should You Never Do?

Optional Activity:
Looking at Service Quality

Adapted from Department of Developmental Services (1999)

As you read each of the following statements, think about the services for people who live in the home where you work. **What do you think about those services and supports most of the time?**

	Yes	Could Be Improved	No
CHOICE			
We know each person's likes, dislikes, and needs	☐	☐	☐
Individual choices and preferences are a part of each person's daily life	☐	☐	☐
If individuals cannot communicate, there is someone who helps speak for that person (for example, family member, advocate)?	☐	☐	☐
We all know the goals in each person's Individual Program Plan ?	☐	☐	☐
Each individual has opportunities for making everyday (for example, when to get up, what to wear, what to eat)	☐	☐	☐
Each individual has opportunities for making major life decisions	☐	☐	☐
Training and support in choice and decision-making is provided for individuals as needed	☐	☐	☐
RELATIONSHIPS			
Individuals make contact with family, friends, and community members on a regular basis	☐	☐	☐
Individuals have opportunities to meet new friends	☐	☐	☐
People have a choice of who to spend time with and where	☐	☐	☐
People have the support they need for having contacts with family, friends, and community members	☐	☐	☐
People have the support they need to make new friends and caring relationships	☐	☐	☐
Someone is available and willing if an individual wants to to talk about relationship difficulties (for example, problems with boyfriends or girlfriends)	☐	☐	☐

	Yes	Could Be Improved	No
LIFESTYLE			
Each individual has a method of communication and someone to talk to (in their same language) ..	☐	☐	☐
Each person has adaptive devices or equipment as needed (for example, a communication device, wheelchair, special eating utensils)	☐	☐	☐
Each individual has opportunities for learning things that lead to greater independence	☐	☐	☐
Each person have opportunities for completing everyday life activities on his or her own or with support ..	☐	☐	☐
We know the religious or cultural preferences of each person and honor those preferences	☐	☐	☐
Each individual participates in everyday community activities with other community members ...	☐	☐	☐
HEALTH and WELL-BEING			
The home accessible and safe for each person who lives there	☐	☐	☐
Each person has opportunities to exercise	☐	☐	☐
Individuals are provided with health care to meet their needs	☐	☐	☐
We all know about the medications (and side effects) used by each individual	☐	☐	☐
Information about safe sex, drugs, and/or alcohol abuse is provided if needed	☐	☐	☐
Each person knows what to do in an emergency or there is someone to help him/her in an emergency	☐	☐	☐

	Yes	Could Be Improved	No
RIGHTS			
Each individual is safe from abuse, neglect, or exploitation	☐	☐	☐
Each person knows his/her rights and responsibilities and is supported in learning about them	☐	☐	☐
Individuals speak up for themselves or receive training or support in speaking up for themselves	☐	☐	☐
Individuals have training or support on what to do if harmed by someone else	☐	☐	☐
Individuals are treated with respect by those who work with him or her and by others in the community	☐	☐	☐
SATISFACTION			
Individuals are satisfied with the services and supports they receive in the home	☐	☐	☐
Friends and family of the individual are satisfied with the services and supports we provide	☐	☐	☐
There are opportunities for the individuals we support to tell us if they are not satisfied	☐	☐	☐
We are satisfied with the services and supports we provide	☐	☐	☐
In general, the people we support are happy with their lives	☐	☐	☐

Optional Activity:
Looking at Service Quality

As a group, figure out the number of **yes** and **could be improved** or **No** for each section (for example, CHOICE).

	Yes	**Could Be Improved** or **No**
CHOICE	_____	_____
RELATIONSHIPS	_____	_____
LIFESTYLE	_____	_____
HEALTH and WELL-BEING	_____	_____
RIGHTS	_____	_____
SATISFACTION	_____	_____

Now, write below the three areas with the highest **yes** numbers:

_____ _____ _____

Next, write down the area with highest **could be improved** and **no** number:

_____

What are some ways you can think of to improve services in that area?

Year 2
Direct Support Professional Training

Resource Guide

Session #3
Person-Centered Planning and Services

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	**Person-Centered Planning and Services**	**3 hours**
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

In this session, the key words are:

- Regional Center Service Coordinator
- Person-Centered Planning Team
- Person-Centered Individual Program Plan
- Goal
- Services and Supports
- Review Dates
- Recording Progress

Information Brief

Regional Centers and Service Coordinators

In California, many services for people with developmental disabilities are coordinated through a network of twenty-one, non-profit regional centers. If a person is eligible, regional centers provide planning and service coordination.

Service coordinators (sometimes called case managers or social workers) help individuals and families with the information they need to use community services and supports. He or she is also an important member of the person-centered planning team. The service coordinator must be present on the team when the IPP is developed and any time it is changes.

In addition to helping develop the IPP, a typical day for a service coordinator can include: writing up an annual progress report; arranging for services mentioned in the IPP; taking care of urgent issues (for example, someone needs a new place to live); meeting with service providers (day programs, schools, work programs); attending staff meeting returning phone calls; and completing paperwork.

Another major role of the regional center is the purchase of services. If included in the *IPP*, a regional center may purchase a service from an approved service provider. Here are some of the *typical* services coordinated through a regional center:

- *Advocacy* – assisting individuals to get needed services from community and government agencies;

Your Notes

- *Assessment* – gathering information about individual service needs and supports;
- *Positive Behavior Support* – classes and individual consultation around positive behavior supports;
- *Early intervention programs* – for children not yet in public school; includes neighborhood preschools, and infant development programs;
- *Independent/Supported living* – services and supports for adults who live in their own homes;
- *Medical* – identifying and accessing needed health services;
- *Residential* – licensed or certified residential options including long-term health care facilities, foster family homes, community care homes, and family home agencies;
- *Respite Care* – support for the family in order to provide a break from care-giving responsibilities;
- *Social/Recreational* – locating a social/ recreational activity;
- *Therapy and Counseling* – referral to various therapists and public or private mental health agencies; and
- *Vocational* – work-related services and supports (for example, job placement, coaching, sheltered work, and day services), some are funded by regional centers, others by the Department of Rehabilitation.

Your Notes

Information Brief

A Brief History of the Individual Plan

In the early 1970's, there were a number of court cases about the answer to the question:

> *What are the rights of people with developmental disabilities?*

In general, the courts answered that people with developmental disabilities have the same rights as everyone else. While this helped, it created a new set of questions. Since everyone is different, the next question became *what is the best way to make sure that individuals with developmental disabilities get the services and supports that they need?* In the mid 1970's, many federal and state laws were passed to help clear up this issue.

All of these laws state that to get the right support, a plan of service must be written that looks at each person's individual needs. This became known as the *Individual Plan.* As the years have passed, lots of **I** (fill in the blank) **P's** have been created Here are just a few:

Plan	**Agency**
Individual Program Plan	*Regional Center*
Individual Education Plan	*School*
Individual Family Support Plan	*School and Regional Center*
Individual Transition Plan	*School*
Individual Habilitation Plan	*Department of Rehabilitation*
Individual Work Related Plan	*Department of Rehabilitation*

Your Notes

While there are some differences in all of individual plans (some are for students, some are concerned with work only), things that all of them have in common are that they:

- are written down;
- are developed by the individual and others involved with the person's life (a team approach);
- outline the things that a person can do well (strengths, preferences, capabilities) and their plans for the future (life goals);
- outline the things that get in the way (barriers) and things that a person needs help with (support needs);
- list the steps are needed for a person to learn, live or work more independently (goals, objectives, services and supports);
- list who will help with the services and when (responsibilities);
- list ways to tell if the services help (progress towards goals); and
- state when the plan should be looked at again (review date).

Your Notes

Information Brief

The Person-Centered Individual Program Plan

Introduction

While Regional Center Individual Program Plans may look different, there are some things that California law (Lanterman Act, Title 17) says must be the same. This article is about those things which all Regional Centers must do when working on the IPP.

IPPs are Person-Centered

All regional centers are required to use a person-centered approach when planning for the Individual Program Plan. An IPP describes the needs, preferences and choices of the individual and family. It is developed through a process of figuring out individualized needs and preferences. The IPP changes as individual needs and preferences change.

Individual Choice

Individuals have a right to make choices and have them written into the IPP. Those choices include, where and with whom to live (at home with parents, with a friend, in a group), the way people spend their time each day and with whom (day program, work, volunteer), choice about things to do for fun (movies, camping, out to eat), and plans for the future (saving for a vacation, living with a friend). To help individuals

Your Notes

and families make good choices, information about different kinds of services must be presented in a way that's easy to understand.

The Planning Team

A planning team is a group of people who work together to support the choices and preferences of one of the individual. The team meets to share what they have learned about the life patterns, interests, and preferences of an individual from the person-centered planning process. The person-centered planning process provides the team with a picture of the strengths and abilities of the individual, as well as the challenges that he or she faces.

The planning team is made up of the individual and the Regional Center service coordinator. Individuals can invite others to participate on the planning team like family members, friends, neighbors, advocates and d*irect support professionals.* If an individual has a legal representative or a guardian or conservator, they must also be on the team. To make sure that individuals are able to actively participate, it may also be necessary to include a translator or interpreter on the team.

Your Notes

Assessment

When the planning team shares what they know about the life patterns, interests, and preferences, of an individual, they are completing an assessment. When the team decides that more information is needed, a specialist (for example, speech therapist, psychologist) may be asked to complete an assessment as well.

The IPP Meeting

The Regional Center service coordinator helps schedule the meeting of the planning team. The location, time, date, and length of the IPP team meeting should meet the needs and preferences of the individual and family. The idea is to make the meeting as comfortable as possible for everyone involved. For example, some individuals may need a series of shorter meetings and others may ask for phone conferences. Some times, individuals and families may ask for an informal meeting place like as a restaurant, barbecue, or picnic.

When the team meets to develop the person-centered IPP, this is called a planning conference. One of the purposes of the meeting is to bring all the members of the team together for a face-to-face discussion. During the meeting, there are several important roles for team members:

Team Leader. This can be anyone on the team who wants to help keep the meeting going. It is quite often the regional center service coordinator.

Your Notes

Team Recorder. Someone who will takes notes during the meeting.

Team Members. Everyone who comes to support the person working on the IPP.

The information discussed at the planning conference and the decisions and choices that are made become the person-centered Individual Program Plan.

The Major Parts of the IPP

The basic parts of the person-centered Individual Program Plan are:

- **Goals**
- **Objectives**
- **Services and Supports**
- **Review Date**

Goals are the things that people want to do or learn. They are the choices that people make about where to live, what to do during the day, who to spend time with, what to do for fun and hopes and dreams. Here are some examples:

Learn how to ride the bus.

Join a church.

Get a job.

Live in my own apartment.

Learn how to ride a bike.

Save money for a vacation.

Your Notes

Objectives are the steps needed to move toward a goal. An objective needs to have a date written into it so the individual and his or her team will know if the goal is getting closer.

If someone's goal is:
Joan wants to save money for her vacation trip.

Objectives (or first steps) might be:
By the end of January, Joan will open a savings account.

By the end of June, Joan will have saved $50 towards her vacation trip.

If someone's goal is:
Travis wants to join a church.

Objectives (or first steps) might be:
By the end of June, Travis will have a chance to visit four churches.

By the end of July, Travis will choose a church to join.

There are many kinds of ***services and supports*** that can be listed in an IPP, depending on the support needs of the individual. Some of those services and supports are:

- **a place to live** (for example, emergency housing, foster family, group home, supported living, help in finding a place, homemaker services);

- **a place to learn or work** (for example, education, day program, workshop, supported employment, competitive employment);

Your Notes

- **getting around** (for example, transportation, travel training, recreation, adaptive equipment); and,

- **staying healthy** (for example, counseling, mental health services, medical or dental services.

The law says that regional centers must first try to use regular community services before it can purchase service and supports from vendorized providers (for example, residential or day services).

The plan should also have written into it some times (review dates) when everyone on the team will get together and look at how things are going. This is a time to find out if the individual (and their family if someone is under 18) is happy with their current services and supports and if there is progress towards individual goals. If things aren't going well on one of the goals or if someone is unhappy with their services and supports, then it may be time to change the plan and the services and supports.

Your Notes

A Reminder

When you're working on a person-centered IPP, remember that it's about 4 things:

1. getting to know someone;
2. finding out about individual choices, preferences and life goals;
3. making a team plan to support those choices; and
4. figuring out what services and supports are needed to reach those goals.

Information Brief

Some Tips on Successful Writing

It's important to know some basic writing tips as a *Direct Support Professional.* You will probably be writing something almost every day. In progress notes, you will be writing about: (1) progress on individual goals; or (2) things that are and are not going well for an individual; or (3) goods ways that you have found to work with an individual. You might also need to write up a special incident or information on a community activity log. Whether you are writing a progress note, filling out a community activity log, or a special incident report, everyone can improve on his or her writing skills. Here are some general tips:

1. **Know who are you writing to**
   Other staff? A service coordinator at the regional center? Are you writing to a family of someone you support? Think of what you write as though you're having a face-to-face conversation with the person. If you can write it that way, it should be easy to understand.

2. **Know what you're writing about**
   For example, if you're writing about a special incident, make sure you know everything that happened before you write it down.

3. **Get to the point**
   Start off your first sentence with the point you want to make. Use short and familiar words instead of long or unusual ones. This helps keep your writing clear and to the point.

Your Notes

4. **Be respectful and courteous**
   You may be feeling strong emotions when writing something, but keep it positive. Remember that you are producing a written record for others to see.

5. **Use a spell and grammar checker if you use a computer**
   If you are using a computer and a word processor application, use the spell check and the grammar check if there is one. A reader will lose interest in what you have to say if there are a lot spelling, grammar, or punctuation errors.

6. **Use the active voice**
   Unless you're writing something like a legal document, it's best to use the active voice in your writing. Here is an example:

   Active Voice
   I visited with the family at their home.

   Passive Voice
   The visit took place at the family home.

   As you can see, an active voice sounds more conversational.

7. **Stick to the facts**
   Unless you are asked to, write what you see and observe and not what you feel or think.

Your Notes

Review from Year 1

A Guide to Talking and Writing about People with Disabilities - People First*

In talking and writing about people with disabilities, remember *it's people first, the disability comes second.* The subtle difference between calling Joe "a person with mental retardation" rather than a mentally retarded person is one which acknowledges Joe as a person first.

AVOID:	*USE:*
victim	**individual with a developmental disability**
invalid	**individual with a seizure disorder**
crippled	**individual with cognitive disabilities**
afflicted with	**a person who is non-ambulatory**
suffers from	**individual with Down Syndrome**
DDs	**individual**
TMRs	**person**
EMRs	**participant**
confined to a wheelchair	**worker**
mongoloid	**student**
the retarded	
the handicapped	
mentally deficient	
patient	

* Adapted from **Put in a Good Word for Me**, North Los Angeles County Regional Center.

Key Word Dictionary
Person-Centered Planning Session #3

Goal
Goals are the things that people want to do in the next few years. They are the choices that people make about where to live, what to do during the day, who to spend time with, what to do for fun and hopes and dreams

Objective
Objectives are the steps needed to move toward a goal. An objective needs to have a date written into it so the team will know if the goal is getting closer.

Person-Centered Individual Program Plan
The person-centered planning process helps the team figure out the preferences, needs and choices of an individual. Once that process is completed, the team talks about the kinds of services needed to support the person now and in the future and the person-centered Individual Program Plan is developed. The plan includes: (1) kinds of services and supports the individual needs, (2) who will provide each service and support, and (3) how these services and supports will assist the individual to have opportunities to experience what is important to him or her and to get moving towards his/her goals for the future.

Recording Progress
As a DSP, you will be asked to provide information to the team about individual progress on goals and objectives. This is usually done by writing progress notes on each individual. In progress notes, you will be writing about: (1) progress on individual goals; or (2) things that are and are not going well for an individual; or (3) goods ways that you have found to work with an individual.

Regional Center
In California, many services for people with (or 'at risk') of a developmental disability are coordinated through a network of twenty-one, non-profit Regional Centers established by the Lanterman Act. If a person is eligible, Regional Centers provide planning and related services, including service coordination.

Regional Center Service Coordinator
Service coordinators (sometimes called case managers or social workers) help individuals and families with the information they need to use community services and supports. In addition to helping develop the Individual Program Plan (IPP), service coordinators help arrange for the services and supports mentioned in the IPP.

Review Dates

The IPP should have written into it some times or review dates, when everyone on the team will get together and look at how things are going. This is a time to find out if the individual (and their family if someone is under 18) is happy with their current services and supports and if there is progress towards individual goals. If things aren't going well on one of the goals or if someone is unhappy with their services and supports, then it may be time to change the plan and the services and supports.

Services and Supports

There are many kinds of ***services and supports*** that can be listed in an Individual Program Plan, depending on the support needs of the individual. Some of those services and supports are: (1) **a place to live** (for example, emergency housing, foster family, group home, supported living, help in finding a place, homemaker services); (2) **a place to learn or work** (for example, education, day program, workshop, supported employment, competitive employment); (3) **getting around** (for example, transportation, travel training, recreation, adaptive equipment); and, (4) **staying healthy** (for example, counseling, mental health services, medical or dental services.

If You Want to Read More About
Person-Centered Planning and Services

Learn the Basics, Learn the Process, Apply What You Learn: Service Coordination Orientation and Training Curriculum
by the Southern California Training and Information Group (1999)

A three part guide for regional center service coordinators on the many aspects of that work from problem-solving to purchase-of-service.

More Than a Meeting: A Pocket Guide to the Person-Centered Individual Program Plan
Prepared by the California Department of Developmental Services (1994)

A guide for individuals and families on the person-centered planning process and the Individual Program Plan.

Worksheets and Activities

Activity:
Getting Ready for a Planning Team Meeting

After you have seen the video about Joe, divide up into small groups and choose someone to be a recorder for this activity. Your job is to help Joe think about things he would like to talk about at his next planning team meeting. The team will use this information to help Joe write his person-centered Individual Program Plan. Since person-centered planning always includes the person, someone in your group needs to play Joe. You can ask Joe questions about things he might to talk about at his next planning meeting. As a group, write up two of your ideas. Here's a hint, think about: (1) the kinds of things Joe likes to do in the community; and (2) some opportunities for learning new things to support his health.

Possible ideas for Joe to talk about at his next team planning meeting:

#1.

#2.

Activity:
Getting Ready for a Planning Team Meeting

After you have seen the video about Bruce, divide up into small groups and choose someone to be a recorder for this activity. Your job is to help Bruce think about things he would like to talk about at his next planning team meeting. The team will use this information to help Bruce write his person-centered Individual Program Plan. Since person-centered planning always includes the person, someone in your group needs to play Bruce. You can ask Bruce questions about things he might to talk about at his next planning meeting. As a group, write up one of your ideas. Think about the kinds of things Bruce likes to do in the community and some ways he could expand those activities.

A possible idea for Bruce to talk about at his next team planning meeting:

-

Activity:
Recording What You Observe

Your job is to come up with a first step that a DSP might observe for each of the goals below. These would be things that you could write down in a daily log or a staff note. This information will be important for the next team planning meeting when they talk about progress on IPP goals.

Goal: Learn how to drive a car.
A first step toward the goal that a DSP could observe and record:

Goal: Learn more about diet and nutrition.
A first step toward the goal that a DSP could observe and record:

Join a health club.
A first step toward the goal that a DSP could observe and record:

Activity:
Looking at Individual Progress

As a DSP, you will be asked to provide information to the team about individual progress on goals and objectives. On the following page is an example of an individual progress record from a community care home. Vernon has decided that he wants to do more for himself and that shaving would be a good start. As you can see, the objective for shaving is broken down into steps (task analysis) and information about progress has been collected on a regular basis. Your job as a team is to look at the progress record and to answer the questions below:

1. What has happened with Vernon's **level of independence** over time?

2. What steps in the process of shaving are difficult for Vernon?

3. What creative things could you do to help Vernon be more successful on those steps?

4. Should this objective be continued? Why or why not?

Teaching Plan and Individual Progress Record

Name: Vernon Mayberry_____ Goal: Vernon wants to do more for himself

Objective: Learn to shave himself by June 30th

"**+**" = independent "**O**" = Needs a prompt

Task Analysis:

	5/1	**5/2**	**5/3**	**5/4**	**5/5**	**5/6**	**5/7**	**5/8**	**5/9**	**5/10**
1. Gets shaver	0	0	0	0	0	0	0	0	0	0
2. Plugs in shaver	0	0	0	0	0	+	+	+	+	+
3. Turns on shaver	+	+	+	+	+	+	+	+	+	+
4. Shaves faces	+	0	0	0	+	+	+	+	+	+
5. Feels for unshaven beard	0	0	0	0	0	0	0	0	0	0
6. Turns off shaver	0	0	0	0	+	+	+	+	+	+
7. Puts shaver away	0	0	0	+	+	+	+	+	+	+
8. _____										
9. _____										
10. _____										
11. _____										
12. _____										
13. _____										
14. _____										

Excerpts from Fred's Person-Centered INDIVIDUAL PROGRAM PLAN

Things We Know About Fred at Home

Fred participates in a variety of household chores (for example, helps cook dinner, set the table, make his bed, do the laundry). While he can complete many of these chores without many prompts, he needs to be in the company of support staff at all times as he will exit the house without warning. Fred need some help with personal care, washing his hair, putting on lotion after showering, tooth brushing, but it's very important that he do as much as he can on his own.

Things We Know About Fred's Health

He currently takes seizure medication on a daily basis. He will spit out his medication if not supervised. He is in basic good health, but needs supervision in what he eats in order to prevent severe constipation.

Things We Know About Fred's Social Life

Fred likes to be on the go every day of the week. He loves to hop in the van and go someplace after work and several times on the weekend. He particularly likes to help shop for groceries, hike, take short walks, swim, eat out in restaurants. He needs support when ordering food, making purchases and staying with the group. He sometimes takes off clothes in public, takes food he likes from others in a restaurant, and urinates in public.

Activity:
Fred's IPP and
Your Responsibilities in Supporting Him

As a team, look at and talk about Fred's person-centered IPP so that you can answer the following questions.

What kinds of things would Fred like to help you do around the house?

What do you need to know about Fred when he is taking his medication?

If you don't watch what Fred eats, what can happen?

What kinds of community activities does Fred like?

If you were going to take Fred to the mall, what concerns might you have?

What kinds of support does Fred need from you during community activities?

Activity:
Write a Team Note About Fred

After you have divided up into teams, one of you should be a recorder for this activity. You can look at the excerpts from Fred's Individual Program Plan to complete this activity. It will remind you of the things that Fred likes to do in the community. Write a weekly note that sums up how you have worked with Fred on this goal. Use your creativity and knowledge about Fred to make it sound like it really happened. Don't forget to use the successful writing tips to make it respectful, clear and easy-to-understand.

Weekly Team Note

Name of Individual: Fred Jones **Dates:** 10/12/00 -10/18/00

Goal: **Fred will have more opportunities to participate in preferred community activities.**

Objective: **Fred will have an opportunities to participate in a community activity seven days a week by 6/30/2001.**

What happened on this goal this week:

Optional Activity:
Practice Writing An Objective

Your job as a team is to write an objective (or first step) for each of the goals below. **Remember, objectives are the steps needed to move toward a goal.** For this activity, include a time line (for example, By July 5th, Martin will . . .).

Goal: Bill wants to get a job at Taco Bell.

Possible Objective:

Goal: Fernando wants to cook a meal for his girlfriend on her next birthday.

Possible Objective:

Goal: Sylvia wants to learn to swing dance.

Possible Objective:

Year 2
Direct Support Professional Training

Resource Guide

Session #4

Communication, Problem-Solving and Conflict Resolution

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	**Communication, Problem-Solving and Conflict Resolution**	**3 hours**
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

In this session, the key words are:

- Communication Systems
- Sign Language
- Active Listening
- Conflict Management
- Decision Making
- Coping Strategies

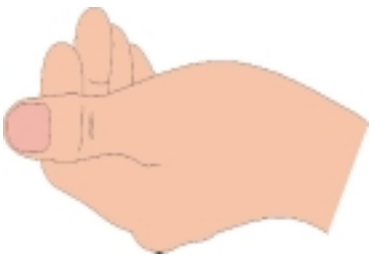
Information Brief

Tips for Communication

In Year 1, we learned that in order to support people with developmental disabilities, we may need to know more about how an individual communicates. For an individual who communicates using words that are easily understood, the task is simpler. We have to work harder to understand the messages from individuals who rely on gestures, signs, and facial expressions to communicate.

We also talked about how to keep our communication with others easy to understand.

We learned that a person's behavior is often used as a way to communicate. Through behavior, a person can communicate what they want, what they don't want and when they want attention.



Your Notes

Let's review a few tips for assisting an individual to use communication in an effective way:

- Use words when the person feels something (sore, hurt, tired....)
- Use all chances to identify objects in daily routine
- As you assist the person (dressing, serving meal)
- Point to pictures of objects in books, saying them distinctly
- Point out objects while on a walk, in car, at park, at store
- Have person watch your mouth as you pronounce word
- Speak in short sentences when giving directions
- Be sure to pronounce the entire word
- Reward progress in making sounds, pronouncing words
- Be sure your movements are simple when training
- Encourage people to use all of their senses
- Listen carefully to what the person says or attempts to say

Your Notes

Review from Year 1

Information Brief

What to Teach?

What things about communication should we be teaching to people?

- Reasons for communicating, for example, asking for information on how to find something in a store
- Social skills involved with communication, for example, taking turns talking during a conversation
    - How far to stand away from someone when talking to them
    - How to make choices
    - How to express feelings
    - When it's okay to be loud
    - When should someone be quiet

Most of all, **we want to assist people to control and participate more effectively in his/her environment in the most meaningful way possible.** What we teach is as important as how we teach it. If a person is communicating through pictures or graphic symbols, we may need to spend more structured time to assure that the symbol used matches what the person wants to communicate. We would also want to use those symbols throughout the day for routines and activities, so that there are a lot of chances to practice them. For someone who is learning to make choices through facial expressions, we would also want to make sure that there are a number of chances for him or her to make a choice and to practice the facial expression.

Your Notes

Information Brief

Ways to Support Communication Every Day

Here are some questions you can ask yourself each day. Your answers will help support people as they learn to communicate.

In what ways do you create opportunities within daily routines to promote interaction? This would be talking to the person while completing hygiene, eating, dressing routines to find out more about the person, this also gives them a chance to better let you know what they like and don't like.

In what ways do you pace routines so that conversation can occur, by allowing time for the person to respond? Sometimes we think we know how a person will answer, so we answer our own questions. Or we are so busy, that we ask a question, and don't really wait for a response. How many times have you asked someone "How are you?" but don't really wait to hear their answer?

Do you wait for a response? Some people make take longer to understand the question, and need time to figure out how to answer. Sometimes the response may take a very long time.

In what ways do you acknowledge the person's attempt to communicate? Remember that everyone communicates in a different way, and even a small sound or

Your Notes

a gesture needs to be noticed. That will let the person know that what they are trying to tell you is important to you.

In what ways do you avoid anticipating the person's needs? If we have known the person a long time, we often think we know what they need. But if we make opportunities for someone to tell us what they need, we again let them know that their communication is important. And sometimes the person's needs change, and we want to hear about those changes from them.

In what ways do you provide opportunities to make choices and avoid making decisions for people? This is also hard to do when we know a person well. Remember that we want to take every chance possible for a person to tell us what they like and don't like, and what choice they would make. These choices will be different for everyone, and might be deciding between two salad dressings or between several activities. There are many choices to make all during the day.

In what ways do you talk to the person about the routines as they occur? It's important to give words to the activities as you go. Imagine if you had to go through a day in total silence. By talking through each activity, we increase the chances that the person will learn the words as well as the order of the activities. That will help when there is a new DSP or with relief staff, as well as with family members and friends. DSPs should talk throughout the day with the people they support, even if you don't know if the person really understands. We don't always know what a person understands.

Your Notes

Information Brief

Active Listening

Even in the best of situations, where no one else but you and another person are in the room, listening is very difficult. Realistically, the life of a DSP doesn't always lend itself to those private moments when listening would be very easy. When we add more people, and their interests, we've increased the difficulty of listening. Robert Montgomery suggests that people who want to improve their listening skills should use the LADDER approach.

Responsively listen
Express emotions with control
Don't change the subject
Don't interrupt
Ask questions
Look at the other person

Active listening is taking the time to:

- **Hear the words**
- **Figure out what they mean**
- **Respond to the words**

Hearing what a person says is not the same as listening. **It's when we take the time to see if what we heard was what the person really meant that we begin to actively listen.**

The ways that we might try to figure the word out might include:

Asking the person questions to see if we got it right or paraphrasing (saying the words differently) what the person said, like "so you think we should go to a movie tonight?"

Information Brief

Advocacy

Advocacy is:

Helping people help themselves

Building self confidence

Supporting independence

Telling people their rights

Telling people their options

Providing assistance and training

Helping locate services

Asking people what they want

Treating adults like adults

Advocacy is not:

Taking over a person's life

Making a person dependent

Doing everything for a person

Not informing a person of his or her rights

Making decisions for people

Controlling people

Treating adults like children

Limiting options

Knowing what is best because you are a professional

Not respecting choices

Information Brief

Conflict Strategies

Conflict is an unavoidable part of everyday life. Each of us deals with conflict in a different way. Disagreements make some people uncomfortable. Others enjoy a good argument.

As a DSP, you face potential conflicts on a daily basis. **While you cannot change the fact that conflict will happen, you can make it a more positive experience.**

Here's a strategy that may be helpful when dealing with conflict:

(1) separate person from problem;

(2) figure out each person's goals and interests;

(3) find answers that work for both people; and,

(4) try to agree.

It is important to define the problem before trying to figure out solutions. Sometimes two people see the problem in very different ways.

Your Notes

Here are some rules for conflict that are useful whether you are dealing with conflict on the job or in your personal relationships:

- **Use "I" statements (I feel, I think)**
- **Be willing to resolve the problem**
- **Respect each other**
- **Stay in the present (Discuss only the current conflict)**
- **Stick to the topic**
- **Don't interrupt the person who is talking**
- **Recognize that the other person has their own feelings**
- **Ask questions to understand the other person's side**

Your Notes

Information Brief

Decision-Making

Spencer Johnson, M.D., in *Yes or No: A Guide To Better Decisions* outlines a map to decision making. He says that we have to use our heads to ask questions, and our hearts to find better answers. We ask ourselves if we have looked at all of the options and if we have thought through all of the information. Then we consider if the decision feels right to us and whether we deserve better.

This skill can be taught to people we support as well. A Southern California agency (Horrigan Cole Enterprises) has developed a way to teach decision making skills to people with developmental disabilities called S.T.O.G. It follows the same path as Dr. Johnson's map.

S "see" 

T "think" 

O "okay?" 

G "Go" 

The "See" step is where the problem is defined. What is the choice to make?

The "Think" step is listing the possible solutions, much like we did earlier. Then we have to "think" with our head and our heart. Is this the best choice and how do I feel about this choice? We also can "think" about who might be affected by my choice and how will this choice affect my life or the dreams I have.

The "Okay?" step is where the decision is made.

The "Go" step is acting on the decision and asking how well it worked.

STOG is just one way to help people to make decisions. **No one way to make decisions is the right way.**

Information Brief

Coping Strategies

When we get upset

We all get angry or upset from time to time. As we mature, we learn some strategies that help us cope when we get angry or upset. It is important to understand that it is normal to get upset from time to time.

It is not bad or wrong to get upset.

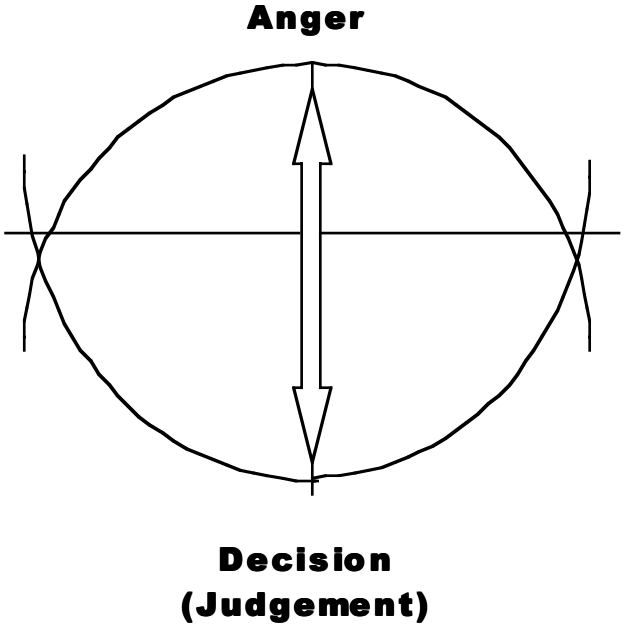
It's how we act when we get upset that's important!

When we get angry or upset, our body goes through some changes. One of these changes is that our blood flow INCREASES to the muscles. At the same time, our blood flow DECREASES significantly to the liver, the kidney, and (most importantly) to the BRAIN! This means that when we are aroused, angry, or upset, our ability to think is impaired (we can't think clearly). This is the worst time for a person to try to make important decisions or deal with a frustrating situation.

We should try to regain our self-control before we try to deal with frustrating situations! We can do this by learning to use coping strategies.

Your Notes

Note: The figure below shows what happens when we get upset. The middle line represents a normal level of anger (upset). The upper curve indicates how upset we are. The lower curve represents our level of judgement, or ability to think clearly. There is an inverse relationship between our getting upset and our level of judgement, which is our ability to think clearly and make rational decisions. This means that the more upset we get, the harder it i



Information Brief

Teaching Coping Strategies

The BEST time to teach an individual to use a coping strategy is when the individual is calm and in a good mood, long before or after an outburst.

The WORST time to teach a coping strategy is when the individual is upset, because this is the time when he or she is <u>least likely</u> to understand what you are trying to teach them.

Here are some ways you can teach coping strategies:

- **Help the individual to identify people, places and things that get them upset.** They can start to practice coping strategies when these things are present.

- **Help the individual identify their "warning signs" that signal when they are getting upset.** (Things they do or say, how they feel, does their breathing change, do certain muscle groups tighten up, etc.)

- **Help the individual identify 2 or 3 different strategies they can use when they get upset, as an alternative to losing control, "blowing up" or having an outburst.** (Examples typically include: Walking away, telling a individual to stop bothering you, taking deep breaths, talking to a DSP about what is bothering them, or other identified strategies).

Your Notes

- **Choose a time to PRACTICE the alternative coping strategy when the individual is calm and in a good mood.** It should be a non-threatening situation. (You can do this with a role play by "acting out" a situation that typically upsets the individual and have them practice using one or more of the coping strategies that they feel comfortable with).

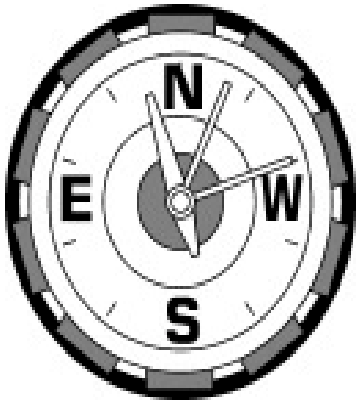
- **When entering places where the individual is likely to get upset, or just before a situation where the individual is likely to get upset, spend a few minutes with the individual and ask them if they remember what they can do if they get upset.** Remind them what to do if they have forgotten. (This can be done verbally, with written cue cards, pictures or signing, depending on the individual's learning style). It is a good strategy to **rehearse** what to do in advance.

- **Once the individual is successful at using the skill in a non-threatening situation, the DSP may still need to be available to give the individual a cue that helps them remember what to do in a real situation.** (For example, if a peer is bothering them and they are showing signs of anger and losing control, the DSP should assist by saying "remember what you can do when s/he bothers you" to help cue the individual to use their coping strategies.

Your Notes

- **After an individual loses control and forgets to use their coping strategies, ask them what they can do instead, the next time they get upset.** Help remind them of the alternative coping strategies they can use when they feel angry or upset.

- **It is also important for the individuals we support to know that we get upset sometimes too!** Again, getting upset is normal. It's what we do when we get upset that is the issue. We have all developed some strategies that allow us to cope with frustrating situations and "keep it together" even when situations are very stressful.



Your Notes

Key Word Dictionary
Communication, Problem-Solving and Conflict Resolution
Session #4

Active Listening
The key elements of active listing are: (1) hear the words; (2) figure them out; and (3) then respond.

Communication Systems
The basic types of communication systems are: (1) sign language; (2) communication boards; and (3) gestures.

Conflict Management
Looking at both sides of a conflict, figuring out what both sides want and finding answers that work for both parties.

Coping Strategies
Things that a person can do to help them to calm down when they get upset or angry. This can include taking a deep breath, talking to someone about what is bothering them, going for a walk, taking a break, etc. All people use a variety of these strategies as part of their self-control plan.

Decision-Making
The ability to look at a situation, weigh all of the possibilities and make an informed choice.

Self-Control Plan
Outlines the coping strategies a person uses (or is learning to use) in order to calm down and regain their self-control when they get upset or angry. It also states how the coping strategies will be taught and practiced by the person. A written Self-Control Plan is sometimes included in the Support Plan.

Sign Language
Using hand signs to communicate letters, words, phrases, and feelings.

If You Want to Read More About
Communication, Problem-Solving and Conflict Resolution

Communicate with Confidence: How to Say it Right the First Time and Every Time

Boober, D. and Donnelly, R.R. (1994). ISBN: 0-07-006455-5

The book starts with a touching story about miscommunication, and goes on to give 23 chapters of practical and easy to read advise on improving communication in business as well as in our personal lives. Booher says that personally or professionally, communication is a life or death issue. The book has over 1,000 tips for improving communication, including how to ask questions, how to answer questions, apologizing, criticizing, and negotiating, among others.

Partners in Everyday Communicative Exchanges

Butterfield, N. , Arthur, M., Sigafoos, J. (1995). MacLennan and Petty Limited; ISBN: 086433 088 X.

This book is written for teachers, speech pathologists, and everyone who may communicate with a person who has severe disability. It is complete with case studies and a chapter on challenging behavior. It contains workshop material for the person who may have to teach others about communication.

Augmenting Basic Communication in Natural Contexts

Johnson, J.M., Baumgart, D., Helmstetter, E., and Curry, C.A. (1996).
Paul H. Brookes Publishing Co. Inc.; ISBN 1-55766-243-6.

This book includes a step by step guide to completing an assessment of communication and creating a system for people with severe disabilities. Chapter 10, about Kevin will show the reader some systems that work.

Communicating in Sign: Creative Ways to Learn American Sign Language

Chambers, D.P. (1998); Fireside; ISBN 0-684-83520-7

Language comes from the way we use our bodies to communicate and how we understand the emotions that are communicated to us. The five components of ASL are eye contact, facial expression, body language, mouth movements, and hand movements. Chambers walks the reader through these components, giving illustrated signs as well as offering a chapter on deaf culture.

Intercultural Communication Training: An Introduction

Brislin, R. and Yoshida, T. (1994); Sage Publications, ISBN 0-8039-5074-8

This publication draws from intercultural communication and dross cultural training, and emphasizes face to face communication. The information contained in the book applies to any situation in which effective communication and good personal relations need to be established with people from different cultural backgrounds.

Listening By Doing

Galvin, K. (1985) National Textbook Company

Galvin reviews the process of communication, and gives helpful hints on how to improve listening skills. Readers interested in the emotions behind communication will find the section on critical listening skills quite helpful. The section called Loaded Language will be helpful to the DSP.

For those who surf the web:

http://dww.deafworldweb.org/ is the place to go for a number of internet links related to the deaf community..

http://www.familyvillage.wisc.edu/general/signlanguage.html has several links to other sites for information about sign language. There is an extensive list of Yamada Language Center Guides to sign language in a variety of languages.

Products

These products are for use in developing communications systems. The images in these products are meant for these systems. The DSP is encouraged to work with a speech therapist in developing an effective system.

Talking Pictures
Crestwood Company
6625 N. Sidney Place
Milwaukee, WI 53209-3259
414-352-5678
414-352-5679 Fax

PCS Sign Language Libraries
The Picture Communication Symbols Combination Book
Board maker (for Windows and Macintosh)
Mayer Johnson Co.
PO Box 1579
Solana Beach, CA 92075-7579
800-588-4548
619-550-0449 Fax

Signing Exact English
Modern Signs Press
PO Box 1181
Los Alamitos, CA 90720
562-596-8548
562-795-6614 Fax

Pick 'n' Stick on Disk and CD-ROM
Pick 'n' Stick Color Packs
Imaginart
307 Arizona Street
Bisbee, AZ 85603
800-828-1376
800-737-1376 Fax

Worksheets and Activities

Things I Like to Do When I Get Home From Work

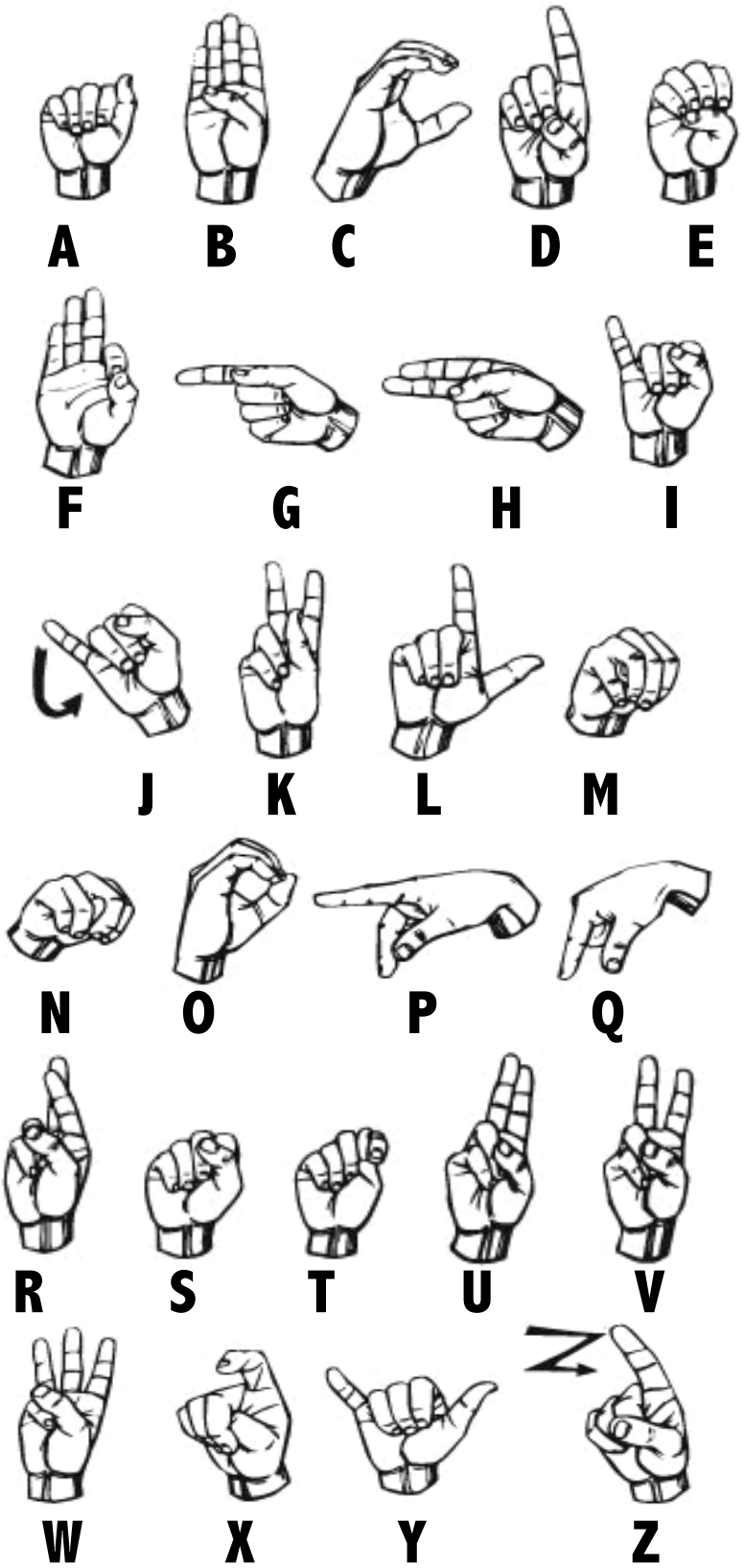
I want to go to the bathroom

I want to eat a snack

I want to listen to music

ASL Manual Alphabet

From the unnamed website at <http://members.tripod.com/~imaware/aslalpha.html>



Some Excerpts from

Signing Illustrated

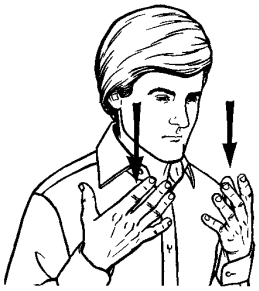
The Complete Learning Guide

by Mickey Flodin

A Perigee Book (1994)

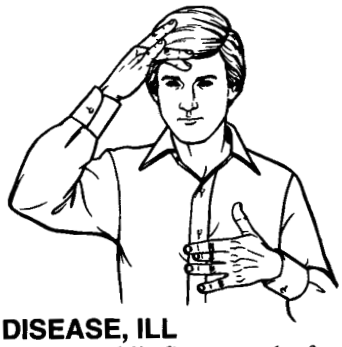
NAME, CALLED, NAMED
Cross the middle-finger edge of the right *H* fingers over the index-finger edge of the left *H* fingers. To sign *called* or *named,* move the crossed *H* hands in a small forward arc together.

Memory aid: Reminds one that those who cannot write have to sign their *name* with an *X.*



SAD, DEJECTED, DESPONDENT, DOWNCAST, FORLORN, SORROWFUL
With palms facing in, bend the head forward slightly while dropping the open hands down the length of the face. Assume a sad expression.

Memory aid: Suggests an expression of melancholy.



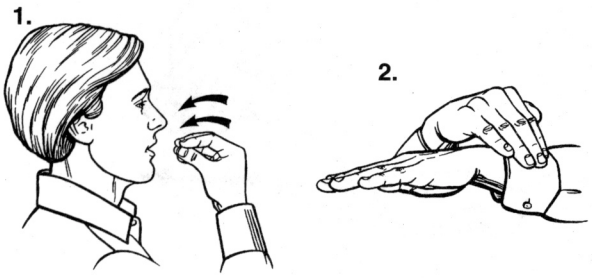
SICK, DISEASE, ILL
Place the right middle finger on the forehead and the left middle finger on the stomach. Assume an appropriate facial expression.

Memory aid: The right hand seems to be feeling the temperature of the forehead, while the left hand indicates an area of discomfort.

BED

Hold both hands palm to palm and place the back of the left hand on the right cheek.

Memory aid: The sign symbolizes resting the head on a pillow.



DINNER, SUPPER

Move the fingers of the right closed *and* hand to the mouth a few times and place the curved right hand over the back of the left flat hand. *Note:* This sign is a combination of *eat* and *night.*

Memory aid: Suggests the meal eaten when the sun has set.

DRINK

Move the right *C* hand in a short arc toward the mouth.

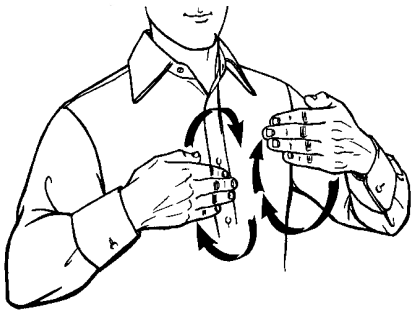
Memory aid: Suggests the action of *drinking* from a glass.

EAT, CONSUME, DINE, FOOD, MEAL
The right *and* hand moves toward the mouth a few times.

Memory aid: Putting *food* into the mouth.

GLASS (substance), CHINA, DISH, PORCELAIN
Touch the teeth with the right index finger.

Memory aid: The teeth are breakable, just like *glass.*

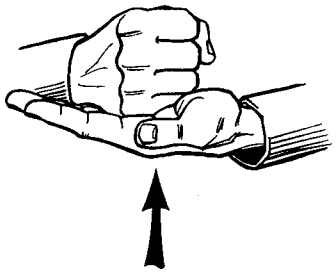


HAPPY, DELIGHT, GLAD, JOY, MERRY
Move both flat hands in forward circular movements with palms touching the chest alternately or simultaneously. One hand is often used by itself.

Memory aid: Suggests *happy* feelings springing up from within.

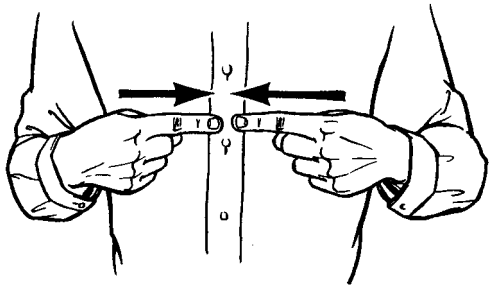
TOILET, BATHROOM
Shake the right *T* hand in front of the chest with the palm facing forward.

Memory aid: The shaking motion suggests the need to meet a physical requirement.



HELP, AID, ASSIST, BOOST
Place the closed right hand on the flat left palm and lift both hands together.

Memory aid: Suggests the giving of a *helping* hand.



PAIN, ACHE, HURT, INJURY, WOUND
Thrust the index fingers toward each other several times. This may be done adjacent to the particular area of the body that is suffering from *pain.*

Memory aid: Suggests the throbbing of *pain.*

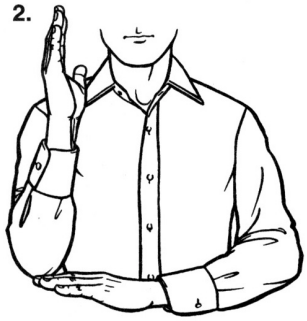
HUNGRY, HUNGER, APPETITE, CRAVE, FAMINE, STARVE

Move the thumb and fingers of the right *C* hand down the center of the chest from just below the throat.

Memory aid: Suggests the direction that food travels to the stomach.

1.

2.



LUNCH

Move the fingers of the right closed *and* hand to the mouth a few times. Place the left flat hand at the outer bend of the right elbow, and raise the right forearm to an upright position with palm facing left.

Memory aid: Suggests the meal eaten when the sun is overhead.

Activity: The Ladder Listening Scenarios

1. Armando and DSP

Armando has lived in the Main Street Home for 5 years. He likes living there, but has been upset recently because his roommate just moved out of state to be closer to his family. Armando just got a new roommate, Gerald. Gerald is very quiet and doesn't like to do anything with the group. He goes to bed early every night, and growls when Armando comes into the room after he is asleep. Gerald keeps talking about how he can't wait to move out also. Armando is having a lot of trouble with his roommate talking when he wants to sleep. He and his previous roommate were close friends. He misses him and misses the kind of roommate relationship he had with him. Armando comes to the DSP to explain why he has been so difficult to be around lately.

2. DSP and Day Program Staff

Joseph is very happy at the day program he attends. He does well with the tasks assigned to him. He receives a paycheck for his work. Recently, the day program staff person who knows Joseph best has been calling you (the DSP) to let you know that she intends to discuss a job for Joseph at his next IPP meeting. You don't think that would be the best idea for Joseph. He has a great deal of trouble communicating and you would be very worried about how he'd get around at a job. He once tried to take a bus by himself, got lost and was brought home by the police. So when this staff person talks about him getting to a job and doing well, you are a little skeptical. The staff person asks you to come in to the program to meet with Joseph and herself to discuss Joseph's situation.

3. DSP and Family Member

This is the first time Donna has ever lived anywhere but with her parents. Donna and her parents looked at about 20 different homes before deciding on yours. The parents say that they trust you with their daughter, but their behavior makes you uncomfortable. They come by every evening and check what Donna has eaten, what she wore to program, what time she got up and to whom she spoke during the day. Donna tells you that she wishes her parents would let her grow up. You want to get that message to Donna's parents.

Activity: The Ladder

Responsively listen
Express emotions with control
Don't change the subject
Don't interrupt
Ask questions
Look at the other person

Observers should make notes on how well the people who are communicating observe the LADDER rules.

Make eye contact? (Did the person make eye contact?)

Asking questions (Did the person ask questions to clarify understanding?)

Interrupt? (Did the person rally listen without interrupting?)

Subject? (Did the person stay on the subject?)

Emotions (How did the person show emotions without blowing up?)

Responsiveness (how did the person show they heard and understood the message?)

Class Activity: Stepping into Another's Shoes

1. **Did you share a bedroom while growing up?**

2. **Do you share a home with someone now?**

3. **Was there ever a time when you didn't like sharing a room?**

4. **What made sharing a room or a house difficult?**

Now imagine that you have to take everything that is important to you, and place all of these treasures in a small space. You have to share that small space with someone else who also has their treasures to store. Do you know of did you choose the person with whom you are to share a room? Does the idea that there might be some differences between people seem likely?

Class Activity:
The Way I See It

1 . Write down what the disagreement is.

2. Write down what you will discuss.

3. Write down what result you want from the meeting.

Class Activity:
Another Way to See It

1 . Write down what the disagreement is.

2. Write down what you will discuss.

3. Write down what result you want from the meeting.

Class Activity:
BRAINSTORM

You have $500 given to your program by a parent whose only restriction on the way it is spent is that everyone in the home has to be part of deciding.

Here are the ideas from our group:

We decided on:

Class Activity:
S.T.O.G.

SEE  **What do I see? What is the choice or problem?**

THINK  **Think about and list the possibilities or solutions.**

Is this the best choice for me?
How do I feel about this choice?
Who will be affected by this choice?
How will this affect my life and/or my dreams?

OK?  **Make a decision**

GO  **Go for it! How did it work?**

Adapted from Horrigan Cole Enterprises "S.T.O.G."

Activity:
Using Coping Strategies

Directions: In order to know when to use your coping strategies, you must first identify when you are getting upset, angry or frustrated. If you don't notice when you are getting upset, you may continue to escalate (get more upset) and say or do something that you will regret later.

Make a list of some mistakes you made when you were mad, angry, or upset:

Self Control Plan
What are some things that you o to help "keep it together" when you feel angry, frustrated or upset?

1. _____
_____

2. _____
_____

3. _____
_____

4. _____
_____

5. _____
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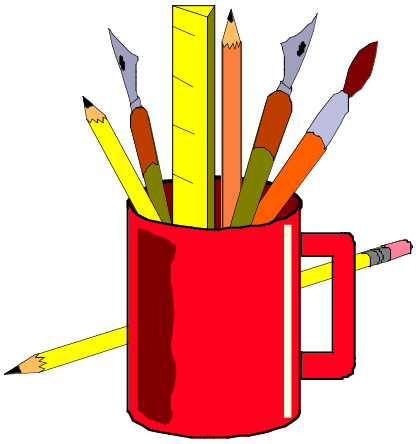
Year 2
Direct Support Professional Training

Resource Guide



Session #5
Positive Behavior Support: Understanding Behavior as Communication

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	**Positive Behavior Support: Understanding Behavior as Communication**	**3 hours**
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

In this session, the key words are:

- Antecedent (Before)
- Consequence (After)
- A-B-C Data
- Behavior Triggers
- Behavior Function (what the behavior means)
- Replacement Behavior

Information Brief

Overview of Positive Behavior Support

What We Have Learned (Review From Year 1)

What people are doing, **where**, and **with whom** they spend time have a lot to do with behavior.

All behavior has a communicative purpose. All behavior is communication! Behavior doesn't just happen for no reason at all. There are always reasons for challenging behaviors, even if we do not know what they are right now.

Our goal is to better UNDERSTAND the behavior and why it is happening. We can identify the reasons for challenging behavior by completing some of the simple assessment tools in this session.

Behaviors are strategies people use to get their needs met. Part of our job is to figure out how the challenging behaviors are "working" for the person so that we can teach them some socially appropriate alternatives (replacement behaviors).

One of the most important goals of positive behavior support is to teach replacement behaviors and skills as a positive alternative to challenging behaviors.

Your Notes

How to Support People Who Have Challenging Behaviors

- Identify and describe the behavior in observable and measurable terms (so that you know it when you see it, and so that you can record it when it happens).

- **Observe to find out when, where, with whom, and during which activities the behavior is most and least likely to happen.**

- Review current medical records and historical information to see if medical related issues, side effects of medications, health and diet may be effecting the behavior.

- Complete some assessment tools (like A-B-C data sheets, a Scatter Plot, or a Motivation Assessment Scale) to help find out why the behavior is happening.

- Look at Quality of Life issues that may be affecting the behavior. Things like the amount of choice, friendships and relationships, meaningful career and educational opportunities, meaningful activities, community involvement, etc., that a person has in his or her life.

Your Notes

- State your hypothesis (or "best guess") about why the behavior is happening, based on your assessment and data information.

- Identify and teach **replacement** behaviors, communication skills and other skills that will help the person get their wants and needs met in socially appropriate ways.

- Develop a plan to make sure that replacement behaviors and other appropriate behaviors are reinforced when they happen.

- Work together as a team to develop and implement positive supports that will assist with the persons quality of life and overall happiness.

The A-B-C's of Behavior

The term "A-B-C" refers to:

Antecedent – Behavior – Consequence

The relationship between these three things are important because it helps us to understand why a behavior happens. We can do a better job developing support strategies that work. We want to find patterns in both what happens before (antecedents) and after (consequences) behaviors over time. Patterns are things that happen over and over again on a regular basis. For example, when a DSP asks John to do his homework (antecedent), John will usually whine and cry (behavior). Then, staff will usually help him with his homework (consequence).

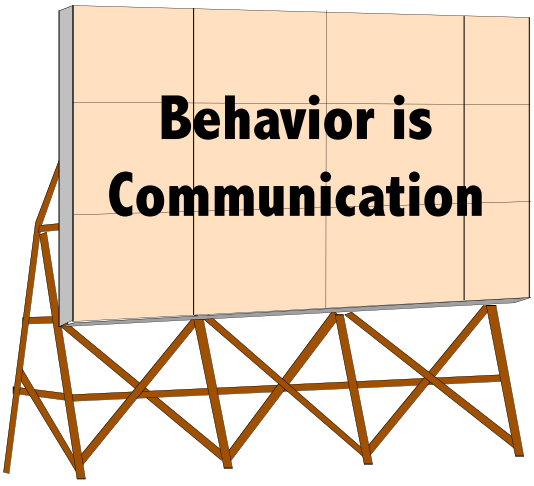
Your Notes

Antecedents (A) include anything that happens just before the behavior. This can include the day and time the behavior happened, what the person is doing, where the behavior occurred, who was around at the time, how hot, cold or noisy it was, etc.

The Behavior (B) is what the person actually said or did.

Consequences (C) include what happens immediately after the behavior. This can be things other people say or do, the avoidance of (not having to do) a task or activity, or something the person gets (like an object, food, an activity etc.).

It is important for us to pay attention to the "A-B-C's" of behavior because they help us to understand the relationship between a person's behavior and the antecedents and consequences. By paying attention to this relationship we can do a better job of understanding what a person's behaviors are communicating.



Your Notes

Remember

All behaviors are being reinforced (or rewarded) in some way. This includes challenging behavior. The Consequence section (C) of your A-B-C data may show that a person's behavior is followed by avoiding a task or activity, getting a social interaction from someone, or getting food, drink, money or other tangible items. It is also important to know that some challenging behaviors are a result of the person being sick or ill, feeling pain (from a toothache, menstrual cramping, headaches, etc.), or sometimes even from the side effects of a medication they are taking.

Your Notes

When you don't find patterns in Antecedents or Consequences for a particular behavior, you probably need to do more observations to get more A-B-C data.

The A-B-C data sheet should be one of the ***first*** tools that we pull out and use when we are confronted by challenging behavior. You can easily make your own A-B-C sheet on a piece of blank paper by simply dividing it into three sections; one each for the Antecedents (before), the Behavior (during) and the Consequences (after). Remember that the more A-B-C data you have, the easier it is to identify patterns in the antecedents and consequences!

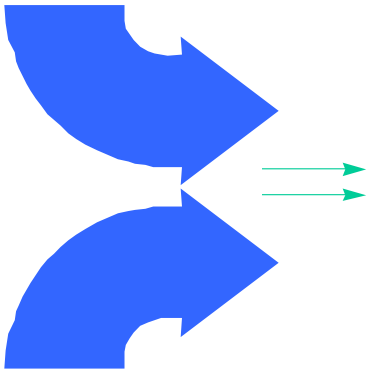
Your Notes

Information Brief

The Scatter Plot

The Scatter Plot is a simple and easy to use assessment tool that helps identify patterns that show when behaviors are more and less likely to happen over time. It is used to chart one or more behaviors by checking the box under the day and time whenever the behavior(s) happen. DSP's, family members, day program and school staff can record this data as a team to show when the behavior happens in different environments.

Data should be recorded for 3-4 weeks so that patterns can be identified. This tool should be used to identify when the behavior(s) are most and least likely to happen. You can notice this by looking at what days and times the checks (or "X's") are on the plot, and where they are absent.



Your Notes

Other Uses of the Scatter Plot

Self Monitoring
It can also be very helpful to teach someone you support to monitor their own behavior. By using the checks, and individual can see how they are doing right away. In other words, someone could use it as a self reminder instead of needing a staff person to tell them.

Charting Positive Behaviors
Another way to use this tool is to chart positive behaviors like task completion, communication, completing homework, using the bathroom/toilet (instead of going in your pants), etc. It is very important to find out about when positive behaviors are more or less likely to happen. This helps us to focus on the POSITIVE instead of just charting negative or challenging behaviors.

Your Notes

Information Brief

Behavior Motivations

We all have basic needs as human beings. Behaviors are strategies that we use to communicate our wants, needs and feelings and to get our needs met in these areas. What motivates us to behave in certain ways? Although there are thousands of reasons why people behave the way they do, for the purpose of this exercise we will group our motivations into four general areas. We will use the following definitions as the four basic reasons why behaviors happen:

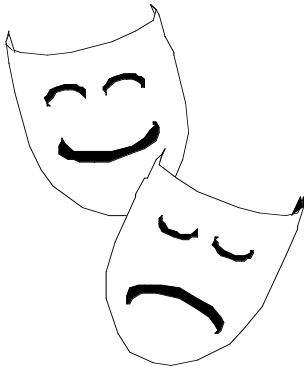
Sensory
These are internal reasons for why a behavior happens. Personal enjoyment, stimulation and pleasure, or even pain, medical issues, mental illness, neurological issues (like seizures), etc., can be sensory reasons that cause behaviors to happen.
Examples:
Drinking coffee, eating chocolate, bungie jumping, snow boarding, doing something nice for someone, the feeling we get when we teach someone a new skill, etc.

Escape
Some behaviors help a person to escape or avoid things that they don't like (such as certain activities, jobs, people, places, etc.).
Examples:
Procrastinating (putting things off), daydreaming during this class, etc.

Your Notes

Attention
Sometimes people engage in behaviors to be noticed or to get attention from certain people (either one or more specific individuals, or from the whole group of people who are around to give attention).
Examples:
Starting a conversation, whining, pouting, interrupting, etc.

Tangible Consequences
People use behaviors for Tangible reasons in order to "get" something they desire; such as a favorite toy, object, food, token, money, a paycheck, favorite activity or game, etc.
Example:
Working at our jobs is an appropriate behavior that we use in order to earn a paycheck.



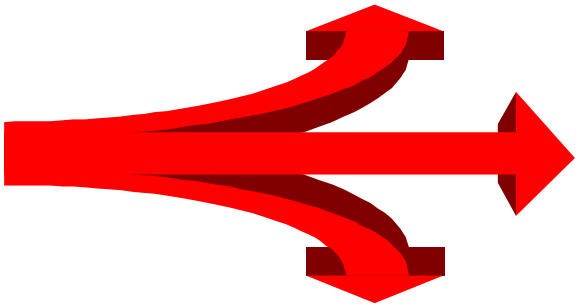
Your Notes

Information Brief

Functional Assessment

All behavior has meaning and is serving a need for the person. Behaviors are simply strategies that people use to express their wants, needs and feelings. We need to do some detective work to find out the function (or purpose) of challenging behavior. We call this process functional assessment. Once we have a better understanding of why the behavior is occurring, we can identify and teach some appropriate replacement skills as an alternative to the challenging behavior.

Things we can find out about WHY the behavior happens.



Your Notes

Key Word Dictionary
Positive Behavior Support
Session #5

A-B-C data
The recording of Antecedents (A), the Behavior (B), and the Consequences (C) when a challenging behavior happens. By writing down this information each time a challenging behavior happens, it is easier to identify Antecedents and Consequences that happen most often before and after the behavior. You can record A-B-C data on a sheet of paper by making 3 sections (one each for Antecedents, Behavior and Consequences).

Antecedent
The things that happen BEFORE the behavior, like what time it was, where the behavior took place, what activity was happening, and who was around. We want to identify antecedents that happen before a certain behavior so that we can understand when, where, with whom and during what activities the behavior will be more and less likely to happen.

Behavior Function
The function (or meaning) of a behavior is what the person is getting or avoiding through their behavior. For example; "An individual yells in order to be sent to his room and avoid doing the dishes."

Behavior Triggers
Triggers are the things that will usually "set a behavior off." A trigger can be a place, person, thing, or activity.

Consequence
The things that happen immediately after the behavior, like reactions or attention from people, getting something (like food, candy, toys, or other objects), being removed from an activity or place, and other things that people may say or do. We want to identify the consequences that usually happen after a challenging behavior, because there is a good chance that these consequences are reinforcing (making it more likely to happen again).

Replacement Behavior
The new skills and behaviors that we want to teach the person as an alternative to the challenging behavior.

If You Want to Read More About
Positive Behavior Support

The Journal of Positive Behavior Interventions; PRO-ED, Inc.
(800) 897-3202; Web site: www.proedinc.com

This journal includes articles that deal exclusively with Positive Behavior Support and Teaching Strategies for individuals with challenging behaviors. The articles include practical information that can be used by Direct Support Staff, family members and teachers.

O'Neill, R., Horner, R., Albin, R., Storey, K., and Sprague, J. (1997).
Functional assessment and program development for problem behavior: a practical handbook, Pacific Grove, Brooks/Cole Publishing. You can reach Brooks/Cole Publishing at (800)-354-9706.

This handbook is an easy-to-read manual which contains a variety of Functional Assessment tools and formats of Positive Intervention (Support) Plans. It is a "how-to" guide which goes through the process of how to assess behavior and develop a support plan. This is a great tool for anyone who will be developing support plans for individuals with a history of behavior challenges.

Worksheets and Activities

ANTECEDENT *What happens **BEFORE** the behavior* Time of day, place or who is around, what is happening, etc.	**BEHAVIOR** *What happens **DURING** the behavior* What happened - Describe the behavior	**CONSEQUENCE** *What happens **AFTER** the behavior* What was the response from peers and the environment; what did others say or do; other consequences

Scatter Plot Activity
Kevin's Data

Directions: Review the 2 weeks of data below, and, using the scatter plot on the next page, mark an " X " for every time that Kevin screamed or cussed, under the appropriate time and date. When you are finished, compare Kevin's daily schedule to the patterns you see on the Scatter Plot.

When is Kevin more and less likely to scream or cuss, and why?

Date:	Time:	Activity/Behavior:
9/5	6:31 am	Screamed
	6:35 am	Screamed
	3:20 pm	Cussed for 5 minutes
	6:50 pm	Screamed and cussed
9/6	6:35 am	Screamed
9/7	6:40 am	Screamed
	3:25 pm	Cussed for 5 minutes
	7:10 pm	Cussed and screamed
9/8	6:35 am	Screamed
	3:29 pm	Cussed for 10 minutes
	7:45 pm	Screamed and cussed
9/9	6:33 am	Screamed
	3:25 pm	Cussed
	7:05 pm	Screamed and cussed
9/12	6:32 am	Screamed
	3:25 pm	Cussed for 5 minutes
	6:35 pm	Screamed
9/13	6:32 am	Screamed
9/14	6:32 am	Screamed
	3:31 pm	Cussed
	6:44 pm	Screamed and cussed
9/15	6:31 am	Screamed and Yelled
	3:32 pm	Cussed
	7:45 pm	Scream and cussed
9/16	6:34 am	Screamed
	3:25 pm	Cussed
	7:20 pm	Scream and cussed

Scatter Plot

Name: Kevin S. **Month/year:** September

Behavior Definition: Screaming and/or cussing at each other

** Weekends occurred on the 3rd-4th, 10th-11th, 17th-18th, 24-25th**

[ ] Behavior did NOT occur [X] Behavior DID occur [ ] Behavior occurred 3x or more

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	17	28	29	30	31
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Scatter Plot Activity
Kevin's Daily Schedule

Time:	Activity:	DSP:
6:30 am	Wake up housemates	Sally
7:00-8:00 am	Breakfast and a.m. routine	Sally
8:00 am	Take transit bus to work	
9:00-1:30 pm	Work at Home Depot job	Job coach
2:30 pm	Arrive home on transit bus	Jon
3:00-3:30 pm	Other housemates arrive home	Jon and Dan
3:30-5:00 pm	Home Chores	Jon
5:00-6:00 pm	"Free-time"	Dan
6:00-7:00 pm	Dinner	Jon and Dan
7:00-9:00 pm (M,W,Th,F)	Board games/social time with other housemates	Jon and Dan
7:00-9:30 pm (Tuesdays)	Community Outing	Jon
9:30-11:00	Relax/video games, etc.	Dan

Weekends (Sat/Sun):
Kevin and other housemates sleep in and go on community outings both days of the weekend.

A-B-C Worksheet:
Find the Behavior Triggers

Directions: In small groups, read and discuss the following stories. Circle the possible antecedents (what happened before the behavior) that may be acting as a "trigger."

Time: 9:30 p.m.
Location: Ramon's room
Behavior: Scream/yell
Incident: Ramon's roommate was watching "Jeopardy" on television in their room. Ramon told his roommate that he wanted to watch wrestling instead. His roommate said "No". Ramon started to scream and yell profanities at his roommate. Staff came in to the room and asked Ramon what was going on. Ramon said he wanted to watch wrestling. Staff told Ramon he could watch wrestling on the television in the living room. Ramon stopped screaming and watched wrestling in the living room.

Time: 7:00 p.m.
Location: Loretta's room
Behavior: Bite self/scream
Incident: Loretta was sitting in her room listening to the radio. Staff came in and said "Loretta, you need to do the dishes now." Loretta started to bite her arm and scream. Staff asked Loretta to take deep breaths until she calmed down.

Time: 7:30 a.m. Breakfast
Location: Kitchen
Behavior: Running and bumping into others
Incident: At 7:30 in the morning, Sam ran from his room, bumping into one of his housemates and knocking down another on his way to the kitchen table, where breakfast was being served. Sam was told not to run in the house.

Time: 1:30 p.m.
Location: At the Mall
Behavior: Throwing lunch pail
Incident: The DSP was supporting 4 people on a shopping trip to the mall. The DSP said "It's time to leave and go to the bus stop". Jose threw his lunch pail across the store. Staff helped Jose to pick it up and then they left the store.

Behavior Motivations
(Behaviors we use to get our needs met)

Directions: Please list some behaviors that YOU use to get your needs met in each of the following areas.

Sensory behaviors:

Escape behaviors:

Attention seeking behaviors:

Behaviors to get Tangible Consequences:

It is NORMAL for us to do things (to behave in certain ways) in order to get our basic needs met. It's HOW we go about getting these needs met that becomes the real issue. In other words, the behaviors that we use to get our needs met are what is important. We learn the "time and place" to use certain behaviors; and we learn socially "appropriate" ways to get our needs met, instead of using behaviors that will annoy people, lead to job termination, losing friends, getting suspended from school, etc.

Functional Assessment Strategies

ANTECEDENT ***What happens BEFORE the behavior***	**BEHAVIOR** ***What happened DURING***	**CONSEQUENCE** ***What happened AFTER***
Things we can find out: Identify **behavior triggers** or what sets off the behavior? **When** is it more and less likely to occur? **Where** is it more and less likely to occur? **What activities** are most and least likely to promote the behavior? What do people **do or say** that leads to a behavior? How does the person **learn best**? Who are his or her **friends**?	**Things we can find out:** What does the behavior look like? How often does it happen? How long does it last? What is the meaning of this behavior? Are medications or medical factors influencing the behavior? Pay attention to decreases in or absence of typical behaviors.	**Things we can find out:** What is the pay-off for the challenging behavior? (All challenging behavior is getting reinforced by something!) What is the behavior “saying” to us? What is the person “getting” or “avoiding” through the behavior? What reinforcers are available to the person every day? (People, places, activities and things that the person enjoys).

A-B-C Activity:
Identifying Possible Consequences for Challenging Behaviors

Directions: In small groups, read and discuss the following stories. Circle the possible consequences (what happened after) that may be maintaining or reinforcing the challenging behavior.

Time: 6:30 PM
Location: Living Room
Behavior: Making farting noises
Incident: Geoff finished eating his dinner and sat in the living room. When his roommate walked by, Geoff made loud farting noises. His roommate said "Geoff's making farting noises!". When staff walked in, Geoff made more farting noises. Staff said "Geoff, knock it off!". Five minutes later, Geoff made more farting noises. His roommate yelled" Geoff's doing it again!".

Time: 2:00 PM Sunday
Location: Living Room
Behavior: Interrupting and refusing to discuss choices she doesn't like.
Incident: Three roommates were deciding on the weekly menu in order to plan the shopping and cooking schedules. Two of them suggested spaghetti for Tuesday**.** Crystal loudly said, "No way, we are having fish and chips!" One roommate quietly said, "But…" and Crystal interrupted loudly, "That is the way it is going to be!" The other two roommates both said okay softly.

Time: 4:00 PM
Location: Van driving to store
Behavior: Hitting window with fist.
Incident: Pat is in the van with staff driving to the store. The staff was talking to another person in the van. Pat began waving and gesturing at the radio. The staff ignored her. Pat began to hit the van window with her fist. The staff said "O.K., Pam; I'll turn the radio on" and turned the radio on. Pam calmed down.

Time: 5:30 PM
Location: Family Room
Behavior: Hitting others
Incident: Sally was playing with a hand held video game. Staff asked her to turn the game off and set the table. Sally continued to play. Staff went to Sally and asked her again to turn the game off. Sally hit the staff on the arm. Staff left Sally alone until she calmed down.

Espen's Communication Dictionary

When Espen . . .	It may mean . . .	What we should do . . .
Slaps his hand against his leg or thigh	No Not right now I don't want to do this	Acknowledge him by saying "Espen, I know you don't want to do this now, but we need to get it done today." Give him a few alternate times when he can finish the activity.
Bites his hand gently	Or it may mean: He is watching TV now or His favorite TV show is one	Acknowledge him by saying "I know you're watching TV now. Would you like to finish watching this show and then do this?"
	He is getting frustrated or worried and anxious"	Ask him to relax and take a deep breath. Ask him to show you what he wants, or give him a short break.
Bites his hand hard Screams	"I am getting frustrated" or "You're not listening to me!"	Ask him to relax; ask him to show you what he wants. Give him some space if possible.

Behavior Communication Chart for Espen

When Espen…	It may mean…
Whines ("mmmmmm")	"Don't interrupt me; I'm watching the game" -or- "I don't want to do that now"
Slaps his leg, louder whining ("mmmmm")	"You're not listening to me!" "I don't want to do that right now!"
Bites his hand; screams	"You're still not listening to me!" "Get out my way; now you're really bothering me!"
Bites hand harder, screams louder. Chases DSP from room.	"You're making me mad!" "Why aren't you respecting me?"

Positive Behavior Support Video Demonstration: Part 1
Questions for Participants

1. **What were some of Espen's behaviors that you observed? (Write these down)**

2. **What do you think that each of Espen's behaviors were communicating?**

3. **How did the DSP communicate to Espen? (What did the DSP's behaviors communicate?)**

4. **What would you say or do differently if you were the DSP?**

Positive Behavior Support Video Demonstration: Part 2 Questions for Participants

(Split up into groups of 3 to 4 people, and answer the following questions as a Team. Then, share your Team's answers with the larger group)

1. **Why do you think that Espen behaved differently in Part 2?**

2. **What are some of the things you saw that the DSP did differently in Part 2?**

3. **How do you think that Espen felt in Part 2 (as compared to Part 1)?**

Optional Activity: Positive Behavior Support Outline
Part 1- Functional Assessment Information

1. **Provide a brief description of an individual you know** (age, hobbies, good qualities), **living situation** (facility type, roommate situation), **school, work, day program** (type of classroom, day program, supported employment and supports) **typical community experiences** (activities outside the home):

2. **Describe a challenging behavior**(s) in observable and measurable terms.

3. **List the assessment tools that you used** to identify patterns in the challenging behavior across different environments. (Scatter plot, A-B-C, Motivation Assessment Scale, progress notes, etc.).

4. Answer the following questions about the challenging behavior:

When most likely: _____

When least likely: _____

Where most likely: _____

Where least likely: _____

With whom most likely: _____

With whom least likely: _____

What activities most likely: _____

What activities least likely: _____

Consequences maintaining behavior: _____

Medical/medication influences: _____

5. **What do you think that the function (meaning) of the behavior is?** What is the person either getting, avoiding or saying through their behavior?

What Do You Think the Challenging Behavior is Communicating?

Year 2
Direct Support Professional Training

Resource Guide

Session #6

Positive Behavior Support: Strategies to Ensure Success

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
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6	**Positive Behavior Support: Adapting Support Strategies to Ensure Success**	**3 hours**
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

In this session, the key words are:

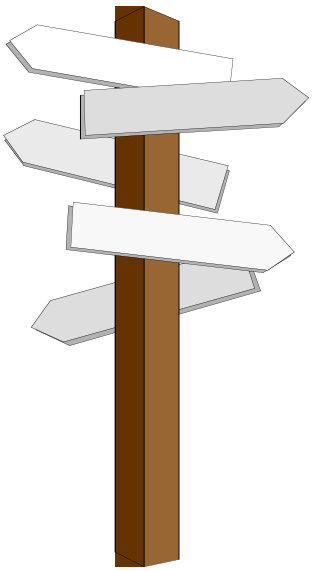
- Replacement Behavior
- Reinforcement
- Charting Progress
- Support Strategies
- Support Plan

Information Brief

Teaching Replacement Behaviors and Skills

Identifying new replacement behaviors and skills to teach as an alternative to the challenging behavior is certainly one of the most important aspects of Positive Behavior Support. When you observe and understand why a challenging behavior is happening, you should identify the new skill or behavior you want the person to do instead.

The single most helpful strategy to use in identifying replacement skills is to <u>meet as a team</u> with the people that know the individual the best (including the individual). The more ideas you get, the better the chances are that one will be successful. Remember, we don't want to get rid of challenging behavior without teaching something more appropriate to replace it!



Your Notes

Samples of Replacement Skills

- communication skills
- social skills
- assertiveness skills
- hobbies, leisure & recreational skills
- self-care, domestic, and community living skills
- coping strategies and problem solving skills
- teaching new productive routines to replace routines that are harmful

The four general guidelines for successfully teaching replacement behaviors are:

1. The replacement behavior must serve the SAME PURPOSE as the challenging behavior.

2. The replacement behavior must **receive "payoff" (reinforcement)** as soon or sooner than the challenging behavior.

3. The replacement behavior must get **as much or more "payoff" (reinforcement)** than the original challenging behavior.

4. The replacement behavior must be **just as easy (or easier)** to do than the challenging behavior.

Your Notes

Information Brief

Developing Support Strategies

Once you understand the meaning of the behavior, it is time to develop **support strategies** as part of the persons **Support Plan**. **One of these key concepts in Positive Behavior Support is to *teach a positive replacement behavior or skill* as an alternative way for a person to get their needs met.** Let's look at some support strategies we can develop to help a person positively change their behavior.

Developing Support Strategies

ANTECEDENT ***What happens BEFORE***	**BEHAVIOR** ***What happens DURING***	**CONSEQUENCE** ***What happens AFTER***
Things we can CHANGE: Use teaching strategies that match the persons learning style. Provide MORE CHOICE (in ALL areas of life) Remove or change some of the behavior "triggers" Make life more predictable for the person: Use calendars and pictures; Rehearse what you will do BEFORE you do it; and Help people develop routines they enjoy.	**Things we can CHANGE:** TEACH new, socially acceptable behaviors and skills to REPLACE challenging behaviors. Teach a more appropriate way to get his/her needs met. Work closely with physicians to monitor medications, medical issues and possible side effects. Increase and reinforce appropriate skills that the person ALREADY HAS!	**Things we can CHANGE:** Focus on what the person is doing well, instead of what they are not doing well. Have a plan to reinforce replacement skills and positive behaviors. Reward and celebrate small successes! Don't demand perfection. Ignore the challenging behavior, NOT THE PERSON.

Information Brief

Considering Possible Replacement Behaviors

When reviewing the data recorded on an A-B-C chart for an individual, there are four key pieces of information you should try to figure out:

1. **Identify possible consequences that may be reinforcing (or maintaining) the behavior .**

2. **Figure out what the individual is either getting or avoiding through his behavior.**

3. **Identify some <u>replacement behaviors or skills</u> that the individual can use in future situations.**

4. **Describe how you would plan to reinforce this new skill.**

When Jack's A-B-C chart was reviewed during the activity on *Identifying Replacement Behaviors,* the four necessary pieces of information above were provided:

1. Jack's behavior of "spitting" allows him to escape from the situation, activity, demand, or environment he is in when he spits.

Your Notes

2. Spitting seems to be a good, effective strategy for Jack to use when he wants to escape from groups, places and activities that he doesn't enjoy.

3. Teach to say "No", "I want to leave now", or "I don't want to be here" If he has communication deficits/ difficulties:
   - Teach to sign for a "break" when he wants to leave a situation
   - Teach to point to a picture or symbol to indicate his need to leave to others

4. Compliment or praise him for using his new skill and then allow him to have a break from the activity or event as soon as possible. If it is not possible for him to leave the activity when he asks, then the DSP should acknowledge his request and let him know when he can leave or take a break.

Your Notes

Information Brief

Charting Progress

One of the most important reasons why we take data is to chart progress. As a DSP, you need to know if the behaviors and skills of the people you support are improving over time, or if they are just staying the same or getting worse. **Charting progress helps you to know if the support plan you are using is working or not.**

Progress can be charted through daily Progress Notes, A-B-C data, Scatter Plots and frequency charts and even Special Incident Reports. (Remember that you have copies of A-B-C data sheets and a Scatter Plot from Session 5.)

It is also helpful to speak with other people who support the person (family members, day program/vocational, school and residential staff), **and the individual him or herself**, to get information about a variety of activities and environments and to get different perspectives about what progress is being made.

The best way to get this information is to attend Team, or Circle Meetings with the individual and his/her family, friends and people who support him/her. Some good problem solving and discussion can happen at a Team Meeting. Just remember to keep these meetings positive (don't just talk about "challenges", talk about the good stuff too!).

Your Notes

Information Brief

Changing Support Strategies

No support plan should ever be written in stone, or considered to be permanent, without allowing regular opportunities to review what is working and what's not working, then changing the plan to make it more effective.

One of the most common MISTAKES we make as teachers, is that we don't change our support plans and support strategies when they aren't working!

Some guidelines for keeping support plans successful and changing when needed are:

1. Teaching opportunities should happen regularly. We should also try to make good use of "natural" times to teach.

2. If the plan is working, our data should show continual progress and improvement. REMEMBER TO CELEBRATE THE SMALL SUCCESSES!

3. As a rule, team meetings should be held regularly (at least monthly) to review data and find out what is working and what isn't working. In some situations, we would need to meet to review progress more frequently.

Your Notes

Keeping Support Plans Successful

1. Teaching occurs regularly

2. Data shows continual progress and improvement (celebrate success)

3. Meet with the team to talk about changing support strategies (if needed) based on what is working and what is not working

4. There may be a need to modify or adapt SOME of the strategies or to add more

5. Teaching is individualized

4. Most of the time we don't need to throw out the entire plan. We may only need to modify or adapt SOME of the strategies we are using, or simply add some more. As a DSP, you should make an effort to participate in these team meetings to share your experiences with others and learn what is working for other people.

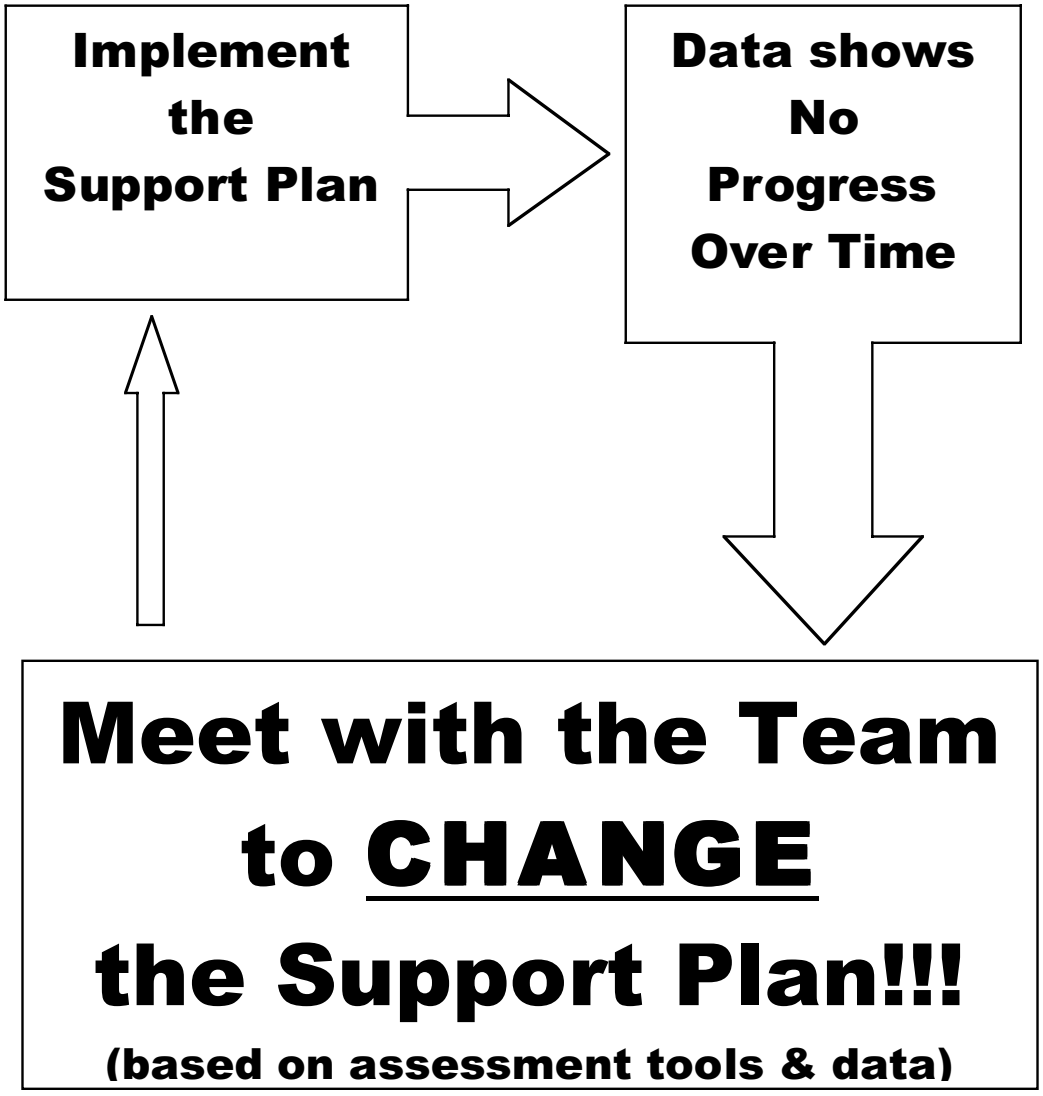
5. Teaching strategies should be individualized based on the persons learning style, the activity, and location. When you are not sure how a person learns best, try to use ALL learning modalities when you teach.

6. The plan should include the gradual fading of DSP assistance over time to natural cues and consequences.

7. Reinforcement should be based on the INDIVIDUAL'S likes and preferences. If the behavior isn't improving, it could be that the reinforcement isn't meaningful to the person, or that the goal set for the person to earn the reinforcement is too high.

Your Notes

What Happens After You Develop the Support Plan?



Information Brief

Meaningful Reinforcement

<u>Reinforcement</u> includes any item, event or activity that follows a behavior and makes that behavior more likely to occur again in the future.

A <u>reinforcer</u> is something that a person seeks to gain or get more of. This can include certain objects, foods, places, people, and activities. When developing reinforcement plans, we must remember that:

Different people have different reinforcers!

When behaviors and skills are not improving over time, it is often because our reinforcement plan is not actually reinforcing to the person. Reinforcers are <u>NOT</u> THE SAME FOR EVERYONE! Even common reinforcers like praise and cookies are not enjoyable to everyone.

Everyone needs and enjoys having lots of opportunities to receive reinforcement. It is also important for everyone to be able to have and do things that are enjoyable to them on a daily basis.

When people don't have a rich life full of choices and things they enjoy, their behaviors, attitudes and motivation may change for the worse.

Your Notes

Two **common mistakes** we make when we develop reinforcement plans:

1. **Not providing reinforcers that are meaningful to the person;**

   and

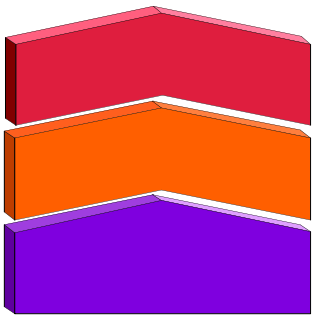
2. **The criteria, or goal we set up for the person in order for them to earn the reinforcement is too hard.** (This usually means that the person isn't earning the reinforcement often enough).

How to make reinforcement plans meaningful:

Use reinforcers that are based on the persons likes and preferences;

and

Set goals that allow the person daily opportunities to earn and receive reinforcement.



Your Notes

Key Word Dictionary
Positive Behavior Support
Session #6

Charting Progress
We can see if a behavior is improving by taking data on the behavior frequency and length, or by recording the damage or injury caused by the behavior. When the data shows that the behavior isn't happening as much as it used to, or is causing less damage & injury, we can say that there is progress. If the behavior stays the same (or gets worse), then there hasn't been any progress over time.

Reinforcement
Includes certain types of attention, toys, objects, foods, people places, activities and things that an INDIVIDUAL seeks to get. What is meaningful to one person may not be meaningful to another person. Since we are all different, it is important that we use reinforcement that is meaningful to the individual.

Replacement Behavior
The new skills and behaviors that we want to teach the person as an alternative to the challenging behavior.

Support Plan
Sometimes called a "Behavior Plan", "Behavior Intervention Plan", or "Behavior Program." It is a written document or plan with goals for teaching certain behaviors & skills and is often included in an individuals ISP, IPP and/or IEP. The Support Plan will usually outline the Support Strategies to be used by the DSP to help the individual to meet his/her goals.

Support Strategies
The ways we teach and help a person to learn new skills and behaviors. They can include how we communicate with and give information to the person, how we try to teach the person new skills, and how we give feedback to the person after they have done something well or made a mistake.

If You Want to Read More About
Positive Behavior Support

The Journal of Positive Behavior Interventions; PRO-ED, Inc.
(800) 897-3202; Web site: www.proedinc.com

This journal includes articles that deal exclusively with Positive Behavior Support and Teaching Strategies for individuals with challenging behaviors. The articles include practical information that can be used by Direct Support Staff, family members and teachers.

O'Neill, R., Horner, R., Albin, R., Storey, K., & Sprague, J. (1997).
Functional assessment and program development for problem behavior: a practical handbook, Pacific Grove, Brooks/Cole Publishing. You can reach Brooks/Cole Publishing at (800)-354-9706.

This handbook is an easy-to-read manual which contains a variety of Functional Assessment tools and formats of Positive Intervention (Support) Plans. It is a "how-to" guide which goes through the process of how to assess behavior and develop a support plan. This is a great tool for anyone who will be developing support plans for individuals with a history of behavior challenges.

Worksheets and Activities

Activity:
Identifying Positive Replacement Behaviors & Skills

Directions: Please work on this activity in small groups (3 – 5 people) so that you can problem-solve together as a team. Based upon the assessment information given below, think of as many *positive replacement behaviors* and skills as you can for each situation. Be sure to list replacement behaviors that serve the SAME PURPOSE as the challenging behavior!

1. Tanya has a history of hitting and scratching her stomach. She does not have any verbal language. From staff and family observations and A-B-C data, you have found out that one of the main reasons that she hits and scratches her stomach is when she is experiencing menstrual pain. When she hits and scratches her stomach, staff now know that Tanya has a prescription in her file for Advil or Motrin as needed.

   What could you teach Tanya to do instead of hitting or scratching her stomach to indicate that she is in pain and needs medication?

2. Leon has a habit of hitting or slapping people on the back. The A-B-C data shows that when people turn around after they get hit, Leon smiles and says "Hi!". The Motivation Assessment Scale shows that Leon is hitting and slapping people for reasons of attention. Based on the data, Leon's support team believes that he hits and slaps people on the back to start a conversation.

   What are some replacement skills you could teach Leon that would be more positive ways to start a conversation?

3. Robert loves to talk to people and has great conversation skills. Robert has 11 other housemates, but he likes to talk to staff rather than his housemates. The challenge is that Robert wants to talk to the staff even when they are helping others. When staff tell Robert that they can't talk with him, Robert becomes upset and often runs away from the house and staff have to chase him. The A-B-C data shows that when Robert goes out in public places, he RARELY gets upset. The Motivation Assessment Scale shows that Robert gets upset and runs away because he wants attention. The home where Robert lives takes Robert out in the community once each week. Based on this information, Robert's team has realized that he NEEDS MORE OPPORTUNITIES TO GO OUT INTO THE COMMUNITY AND/OR TALK TO PEOPLE.

   What ideas can you think of that will help Robert to have more opportunities to go out into the community and/or talk with people?

Activity: Identify Behavior Meaning and Skills to Teach as an Alternative to the Challenging Behavior

Directions: In small groups, read and discuss the following A-B-C data recorded on Jack's behavior. He has been spitting at others a lot more over the past month. Please work together as a team to discuss and answer the questions on the next page.

Antecedent: Jack and his housemates finished dinner and were sitting at the dinner table.
Behavior: Jack spit at the staff.
Consequence: Staff told Jack to go to his room.

Antecedent:: On Saturday afternoon, staff asked Jack to get in the van to go bowling with the group.
Behavior: Jack spit at the staff.
Consequence: Staff told Jack he couldn't go bowling and had to stay home.

Antecedent: Jack was part of a group shopping trip to the mall. The group had been shopping for 60 minutes.
Behavior: Jack spit at a community member.
Consequence: Jack was taken to the van.

Antecedent: On Sunday at 6:00 p.m., Jack and his housemates were in the backyard having a barbeque. Jack had just finished his hamburger and meal.
Behavior: Jack spit at a staff member.
Consequence: Jack was sent inside to his room.

Identify Behavior Meaning, continued

As a team, please answer these questions:

1. Identify possible consequences that may be reinforcing (maintaining) Jack's behavior of spitting.

2. Figure out what Jack is either getting or avoiding through his behavior.

3. Identify some replacement behaviors or skills for Jack that he can use in future situations like this as an alternative to spitting. (Remember: The "need" that Jack is expressing through his behavior is normal! It's the behavior he is currently using to get his need met that is inappropriate.)

4. Describe how you would plan to reinforce these new skills.

Activity:
What About Your Reinforcers?

1. List some of the reinforcers that you enjoy (include things, activities, foods, music, people, etc.):

2. List some reinforcers that **you need to have every day**.

3. How would you feel if someone told you that you couldn't have those reinforcers today (from question #2).

4. After you have had a real "bad" day (a day when you have made a big mistake, like saying or doing something that might have been truly inappropriate and which you really regretted later), what do you do? Circle the answer that best fits you.

    a. Do you punish yourself by not doing anything that you enjoy for the rest of the day?

    b. Do you feel bad about it and go out and do something you enjoy to help you feel better (like shopping, going out to dinner, putting your favorite CD on, meeting with a friend)?

    c. Something else? Please share:

Optional Activity
Looking at What Happens After the Behavior

Directions: Read through the story and underline the possible consequences (or what happens after) for the behavior.

Story #1

Jessie, who cannot see very well, was walking to the mailbox and fell over a branch on the path. Staff ran to Jessie and asked if everything was okay. Jessie said "yes" and returned to the house.

The next day Jessie was knocked over by a neighbor's dog and began to cry. Staff again ran out, but this time brought an ice cream bar. Jessie ate the ice cream and said "thank you" to the staff.

The next day, Jessie fell in the hallway and immediately began crying even though no visible sign of injury was noticed. Staff asked Jessie if everything was okay and Jessie asked for an ice cream bar and the staff brought one immediately.

Jessie has been falling down and crying a lot more these past few days than in the past.

What do you think that Jessie is either "getting" or "avoiding" from her behavior?

Directions: Read through the story and underline the possible consequences (or what happens after) for the behavior.

Story #2

Each day staff spend a lot of time trying to get Chris to finish his assigned chores. His chores include making his bed each morning, setting the table for his dinner, folding his laundry and vacuuming his room. If the weather is nice Chris is also responsible for watering the garden and filling the bird feeders.

The only chores Chris seems to do without a problem are the outdoor chores. Chris spends over an hour each afternoon watering and filling the bird feeders. He does not do any of his other chores without throwing things.

Yesterday, a new morning staff told Chris that if his bed was made fast enough there would be time to water the garden in the morning before work. Chris made the bed in two minutes. In the afternoon, Chris folded the laundry without any argument after being told that the flower bed needed special attention as soon as his regular chores are done.

Today, when Chris was asked to set the table, he threw the silverware across the kitchen.

What do you think that Chris is either "getting" or "avoiding" from his behavior?

Year 2
Direct Support Professional Training

Resource Guide

Session #7

Teaching Strategies: Personalizing Skill Development

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	**Teaching Strategies: Personalizing Skill Development**	**3 hours**
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

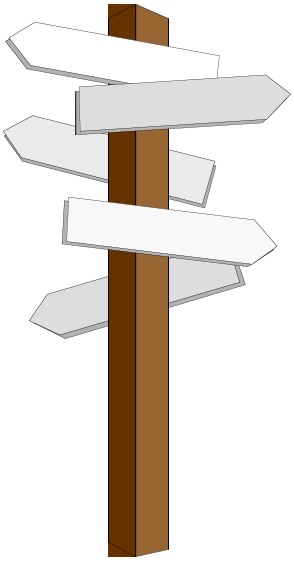
In this session, the key words are:

- Most-to-Least Prompting Strategies
- Time-Delay Prompting
- Chaining
- Shaping
- Partial Participation
- Adaptive Technology and Environmental Adaptations
- Generalization
- Responsive Teaching

Information Brief

Personalizing Teaching by Using Different Strategies

Introduction. All of us — whether we have disabilities or not — like and respond to some teaching strategies better than others. We can make little changes to each of the basic teaching strategies we learned about in previous classes (that is, task analysis, least-to-most assistive prompting, reinforcement, error correction) based on an individual's response to each strategy, and how much he or she enjoys different approaches.



Your Notes

Most-To-Least Assistive Prompting.

One way we can change a teaching strategy is by how we provide assistance to an individual through prompting. For example, instead of using a least-to-most assistive prompt strategy, we can use a *most-to-least assistive* approach.

Most-to-least assistive prompting usually works best when an individual is highly motivated to learn how to do something that involves a lot of physical movement. This type of prompting is also best used with individuals who enjoy or do not mind physical guidance by the teacher.

In a most-to-least prompting approach, we prompt in the opposite manner from a least-to-most approach. **We first guide the individual through most or all of the skill and then provide less assistance on later attempts by the individual to do the skill.**

Your Notes

Time Delay Prompting.

Another way we can change a prompt to suit someone's learning style is through *time delay* prompting.

Time delay prompting is best suited for individuals who tend to become dependent on a teacher's help to complete a learning task. Time delay prompting can reduce an individual's reliance on teacher help to complete part of a skill. Using time delay, the first prompt such as a verbal direction is provided immediately when the natural cue to perform a task is provided. In teaching how to put on a cap for example, the natural cue would be the presence of the cap in front of the individual. This could be paired with a verbal prompt to pick up the cap. Using a time delay procedure, on the second teaching trial we would present the cap but wait a few seconds before we gave the verbal prompt. That is, we would *delay* the prompt.

Using time delay prompting, after a number of teaching trials with the delayed prompt, some individuals will begin to respond to the natural cue and pick up the cap *before* we give the verbal prompt. In this manner, the individual does not become dependent on our help to complete the task.

Keep in mind that often individuals need a number of trials before responding prior to the verbal prompt. It is also important to remember to reinforce the individual's response to the verbal prompt. The intent is for the individual to respond right away and not wait for the prompt in order to get the reinforcer quickly.

Your Notes

Chaining.

All of our teaching strategies have involved what is called a *whole task* teaching approach. That is, each time we teach the target skill, we teach all the steps that make up the whole skill — we teach each step in the task analysis.

For some individuals, the whole task approach may be too hard because of all the steps that the individual is attempting to learn how to do at one time. **In such cases, we can make the learning process easier through a teaching strategy called *chaining*.**

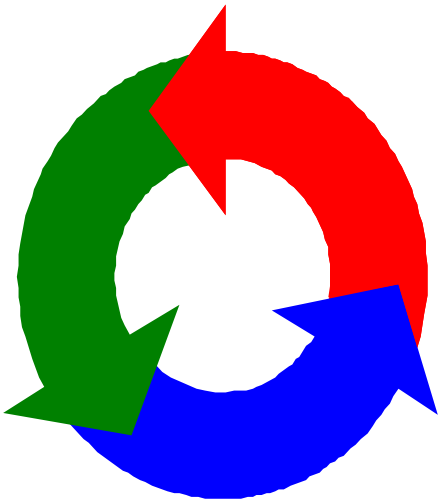
With chaining, we teach skills to individuals one step at a time, and teach each step in a set order. By teaching each step one step at a time, we teach the individual a *chain* of steps or behaviors that when done in order, make up a useful skill. Each step in the skill is one part of the chain. The steps are linked together just as each part of a chain is linked to another part.

There are two types of chaining. In *forward chaining*, we teach each step in a skill in a forward manner. We teach how to do the skill by teaching the first step in the skill, then the second step, then the third, etc. We move forward through each step until the complete skill has been taught. **Remember though, we only teach one step at a time and only move to the next step in the chain after the individual can do the former step.**

In *backward chaining*, we start by teaching the *last* step in the chain, then the next-to-the-last step, etc., until all of the steps are taught.

Your Notes

In both forward and backward chaining, we teach with the same procedures we have talked about before such as prompting and reinforcement. However, we only teach one step in the skill at a time, and the order in which we teach each step differs based on whether we are using forward or backward chaining.



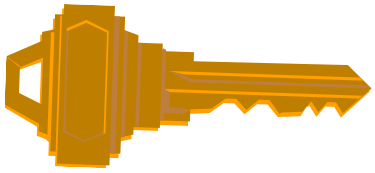
Your Notes

Shaping.

Another way to teach is called *shaping*. Shaping can be most useful with individuals who do not like to be prompted while learning to do a skill.

With shaping, we reinforce an individual's behavior as the behavior becomes more and more like the skill that we want to teach. At first, we reinforce any individual attempt to do the skill. On the next attempt, we reinforce only when the individual does the skill a little bit better. The end result of the shaping is that the reinforcer is provided only when the individual does the skill just right.

How can shaping be used to teach? Think about an individual who may be shy about trying new things. For example, the individual may be shy about sitting with visitors in the individual's home when the visitors are in a group in the living room. For a number of reasons, we would not want to force the individual to be with the group. Rather, we would want to teach the individual how to become part of the group in a way that is nice for the individual. Using shaping, we might first smile at the individual as she or he looks in on the group from the hallway. Next, as the individual walks by or closer to the room, we could say something nice to the individual. When the individual enters the room we would again say something nice and last, we would say something nice or praise only when the individual was in the group.



Your Notes

Partial Participation.

When thinking about all the teaching procedures we have talked about, a concern that comes up a lot is why should we spend time teaching when we know some of individuals will always need support to get through their day. That is, people wonder at times why we should teach something when it seems clear that an individual will never completely learn to do a certain task. It is of course true that we have not yet learned how to teach all things to all people. **Even when we do not know how to teach a given individual how to completely do an important skill, it can still be very useful to teach the individual how to do part of the skill by him or herself.**

Teaching how to do part of a skill allows a person to have more control over his or her life through what is called partial participation. Even when individuals do not know how to do everything related to an activity, their lives can be more enjoyable and independent if they learn the skills to partially participate in the activity.

Your Notes

Individuals with disabilities, just like everybody else, can enjoy many activities if they learn skills to allow them to participate in activities on a partial basis. Learning skills to partially participate can provide more opportunities to take part in desired and meaningful community activities along with friends, neighbors and family members.

Participating on a partial basis also makes it possible for more learning to occur through a type of cooperative teaching process. When individuals partially participate in an activity, they can learn more about the activity by watching and talking with other people who participate in the activity. Actually, individuals with whom we work learn many things by cooperating with peers, friends, support staff, etc., in doing activities.

Your Notes

Information Brief

Using Adaptive Technology and Environmental Adaptations to Assist with Teaching and Learning

In a lot of situations, we can increase the success of our teaching activities by using adaptive devices and environmental adaptations.

We can help individuals learn useful skills by making changes in their environment.

Adaptive devices and environmental adaptations are most often used for one or more of the following three reasons.

First, changes in the environment are used to make learning a skill easier for an individual.

Second, environmental changes are used to help overcome certain steps in a skill that an individual cannot perform due to physical or sensory disabilities.

Third, changes in the environment can help make the learning process more fun for the individual.

Your Notes

When teaching certain skills to individuals, we sometimes observe that some steps in the task analysis are much harder for individuals to learn to do than are other steps. **We can make changes in the environment to make those hard steps easier for the individual to learn.** For example, when teaching an individual to put on his shoes, we may find that the individual can do all the steps except that he has a lot of trouble tying the shoe strings. We could make that step much easier by using shoes that have Velcro strips instead of shoe strings. On the other hand, we could eliminate the step of tying the shoe laces from the task analysis by using shoes (e.g., loafers) that do not have to be tied.

Sometimes individuals have problems learning a task not because it is hard to do a certain step but because they have trouble remembering when to do the step as part of the task analysis. This problem is likely with tasks such as jobs at a work site. Some jobs have many steps that must be done in order to do the job. **Picture cues can be used to help the individual remember when to do the task step.**

Picture cues involve hanging a picture of someone doing a step in the task analysis. As part of the teaching process, individuals can be taught to look at the picture as a reminder about what to do next in the task analysis. For many individuals, it can be helpful if we use pictures of them completing parts of a task as the picture cues.

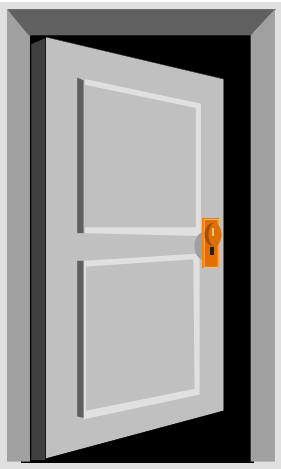
Many of us use adaptive devices to help overcome physical or sensory impairments. For example, many of us wear glasses to help overcome problems with vision. We can help individuals in the

Your Notes

teaching process by making changes in the environment to overcome problems in completing certain steps in a task analysis due to physical or sensory problems.

Another way we use changes in the environment to help with the teaching process is to make learning a skill more fun for the individual. Some of us like to listen to music while we do a task, or we like to do tasks with friends. Doing things while we listen to music or with friends makes the tasks more fun for us. We can use the same general approach while teaching individuals important skills.

One good way to make a teaching task more fun for an individual is to include a lot of individual choice within the teaching process. For instance, if we wanted to help an individual learn how to zip a jacket, we could first involve the individual in buying a jacket that the individual really likes. The individual may then be more motivated to learn how to zip the jacket in order to wear it than if we simply selected a jacket for the individual for teaching purposes.



Your Notes

To use adaptive devices and environmental adaptations for any of these reasons, it can be helpful to follow several steps.

1. **We look at our task analysis.**

2. **We review each step in the task analysis and decide if there is a way to change the environment to make the step easier, to eliminate the need for the step or to make the step more fun.**

3. **We make the changes identified in the second step of the process.**

4. **We try teaching the skill using the steps and then repeat steps one through three.**

5. **We repeat the entire process until we have made the teaching activity as easy and enjoyable as we can for the individual.**

Your Notes

Information Brief

Developing and Using Generalization Strategies

Remember in our very first class on teaching strategies we talked about the purpose of teaching. **The reason we teach is to support individuals in learning to live as independently and enjoyably as possible.** In order to fulfill this purpose, we must make sure that when we teach a skill to an individual, the individual can use the skill in each situation the skill is needed. That is, the individual must be able to generalize the skill across situations.

Learning to generalize a skill means the individual can use the skill in each situation the individual needs the skill.

For the skill to be most useful the individual should be able to use the skill in the environments in which he or she lives, works or plays.

Learning to generalize skills across situations can be very hard for many individuals with disabilities. Because it can be hard to generalize newly learned skills, we must use procedures to teach the individual to generalize important skills — we must teach to generalize.

Teaching to generalize involves teaching the skill in different situations. The more situations in which we teach a skill, the easier it will be for the individual to then generalize and use the skill in new situations in which the individual may need the skill.

Your Notes

There are two main ways we can use different situations during the teaching process. This will help the individual learn to generalize the skill in new situations in which the individual may need to use the skill.

The first way is to include different situations (e.g., different teachers, different teaching materials, teaching in different locations) during all of the teaching process. This way is probably the best way to help an individual be able to generalize a newly learned skill. However, this way can also slow down the teaching process because it can make learning the skill harder at first. When first learning a skill, it can be hard at times to learn the skill if it is taught in so many different situations.

A second way to teach an individual to generalize a skill is to include different situations toward the end of the teaching process. That is, we first teach the skill to the individual in one situation (e.g., one or a small number of teachers, one set of teaching materials, teach in one location). Then, after the individual has learned to do the skill in the one teaching situation, we work with the individual in different situations, and teach as needed in those situations.

One good way to make sure we teach a skill in a manner such that the individual can use the skill in different situations is to make sure that we are teaching truly meaningful or functional skills.

Meaningful or functional skills are skills that people need in natural communities in which they live, work or play. We will talk a lot about making sure we teach meaningful or functional skills in a later class session.

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Your Notes

Information Brief

Assessing the Effectiveness of Teaching

In this class we have discussed a number of ways to teach. Usually, it is best to begin teaching by using the basic teaching procedures we began talking about in this and other classes on teaching strategies. **Remember the basic teaching strategies?**

First, we begin with a task analysis and then provide help to the individual to do each step in the task analysis by using a least-to-most assistive prompting approach.

We also reinforce the last step correctly completed and correct errors that may have occurred by an individual doing something other than the correct step.

After we have begun the teaching process, we can then change how we are teaching by using any of the procedures we have talked about in this class. **We decide whether to change how we are teaching by responding to what the individual is doing. We use responsive teaching.**

With responsive teaching, we watch how the individual responds to what we are doing, and then make changes in how we teach based on what we see the individual doing. We are responsive to what the individual is doing. In this way we can truly personalize our teaching strategies for each individual.

Your Notes

There are three key things we look for in order to make our teaching responsive and personalized.

The first thing we look for is how much the individual appears to like or dislike parts of our teaching approach. If we see that the individual does not like something we are doing, we try to change our approach to make it more enjoyable for the individual.

The second thing to look for in deciding whether we change our teaching process is how well the individual is learning the steps in the skill that we are teaching. One way to evaluate teaching effectiveness is to keep track over time of how many steps the individual is doing without any prompting or help from the teacher. If our records show that the individual is not completing more steps without teacher help, then we should change how we are teaching in order to bring about more progress.

The third thing to look for in deciding whether to change our teaching approach is how much the teacher likes the teaching strategy. Some of us like certain teaching strategies more than others. Usually we are better at teaching if we are using strategies that we like to use. If we find we are not very comfortable with a teching strategy, we should try other approaches until we find one that we like and feel good about using.

Your Notes

Key Word Dictionary
Teaching Strategies: Personalizing Skill Development
Session #7

Adaptive Technology and Environmental Adaptations
Objects and devices that are made or changed specifically to help an individual learn or do an important skill. For example, controls on a TV may be painted with colors to help an individual pick out the off/on button or the channel change button. Adaptive devices (also called environmental adaptations because they change or adapt the regular environment) can be used to make learning a new skill easier, to help an individual overcome a physical or sensory disability, or to make learning a new skill more fun.

Age Appropriate
Learning and doing things that are similar to what people without disabilities of the same age group usually do. When teaching skills to individuals with developmental disabilities, it is usually in the best interest of the individuals to teach skills that are the same skills that other people their age learn and do.

Chaining
Teaching one step in a skill at a time, and teaching each step in a set order.

Generalization
Learning to use a newly learned skill in whatever situation the individual needs or wants to use the skill. Generalization is an important part of teaching in that we want to help an individual *generalize* or apply the skill not only during the teaching situation, but in any situation the individual needs or wants to use the skill.

Most-to-Least Prompting Strategies
Using these strategies, you initially guide the individual through all of the steps and then provide less and less assistance on later attempts.

Partial Participation
Teaching or supporting an individual to participate in an activity even if the individual does not have the skills to do all of the activity, but has some of the skills to *partially* participate in the activity. Having opportunities to partially participate in an activity can help individuals enjoy their daily lives more and learn more skills.

Responsive Teaching

Teaching skills to an individual in a manner that is best suited to the individual. The exact way of teaching is based on how the individual *responds* to the teaching. Responsive teaching is a way to make sure the teaching is effective for the individual and that the individual likes the way the teaching occurs.

Shaping

Teaching a skill by reinforcing behaviors that appear closer and closer to the desired skill.

Time Delay Prompting

Initially provide a prompt when the natural cue to perform the task is presented and then delay the prompt a few seconds after the cue is presented on later trials.

If You Want to Read More About
Supporting Choice: Identifying Preferences

Bambara, L. M., & Koger, F. (1998).
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Everson, J. M., & Reid, D. H. (1999).
Person-centered Planning And Outcome Management: Maximizing Organizational Effectiveness In Supporting Quality Lifestyles Among People With Disabilities. Morganton, NC: Habilitative Management Consultants.

Parsons, M. B., Harper, V. B., Jensen, J. M., & Reid, D. H. (1997).
Assisting older adults with severe disabilities in expressing leisure preferences: A protocol for determining choice-making skills. Research in Developmental Disabilities, *18*, 113-126.

Worksheets and Activities

Optional Activity:
Teaching Situations

First name of individual to whom you would like to teach an important skill:

Skill to teach:

Situations in which the individual lives, works or plays and in which the person can use the skill to be taught:

Likely obstacles to overcome in teaching the individual to use the skill in the situations noted above:

Year 2
Direct Support Professional Training

Resource Guide

Session #8

Teaching Strategies: Ensuring Meaningful Life Skills

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	**Teaching Strategies: Ensuring Meaningful Life Skills**	**3 hours**
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

In this session, the key words are:

- Meaningful Skills
- Age Appropriate
- Meaningful Teaching Materials
- Natural Outcomes
- Meaningful Teaching Plans
- Person-Centered
- Skill Maintenance

Information Brief

Review of Teaching Strategies for Personalizing Skill Development

Teaching age-appropriate skills and teaching skills in natural settings is a way to personalize learning activities for everyone. We have talked about a number of different teaching strategies for personalizing teaching.

We can change our basic teaching strategy of task analysis, least-to-most assistive prompting, reinforcement and error correction to suit individuals on an individual basis.

For skills that involve a lot of physical movement and individuals who respond to physical guidance, **we can provide help in learning a new skill through *most-to-least assistive* prompting.**

In most-to-least assistive prompting, we provide more assistance on an individual's first attempts to do a step in a skill than we provide on later attempts to do the step.

Your Notes

For individuals who find it hard to learn a skill when we teach with a *whole task* approach — that is, teaching all steps in a skill each time we teach the skill — we can make learning the skill easier through *chaining.*

We can teach each step one at a time in the order in which the steps are usually done to complete the skill through *forward chaining.*

We can also teach each step one at a time in the reverse order in which the skill is usually done through *backward chaining.*

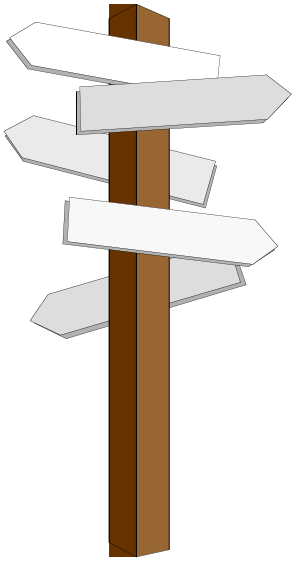
For individuals who do not respond to, or dislike, being prompted we can teach through *shaping.* **Remember that in shaping, we reinforce individual attempts at completing a skill only as each attempt comes closer to the desired skill than the previous attempt.**

We also noted that when we cannot teach an individual to completely do a skill, it is still helpful to teach part of the skill so that the individual can *partially participate* in useful and enjoyable activities.

With all of the different teaching strategies, we discussed the importance of teaching the individual to *generalize* newly learned skills across situations in which the individual needs the skills. We can help individuals use skills across situations in which the individuals live, work and play by teaching in different situations.

Your Notes

Finally, we talked about the importance of *responsive teaching.* Responsive teaching is the basis of how we personalize teaching to suit individual learners: **we change how we teach *in response to* how well the individual learns from our teaching and how much the individual likes how we are teaching.**



Your Notes

Information Brief

Teaching Meaningful Life Skills

No matter which teaching strategy we use with individual learners, it is important to remember the main goal of teaching.

The goal of teaching is to support individuals with disabilities in living as independently and enjoyably as possible. In order to reach this goal, we must make sure that what we teach is truly meaningful or functional for each individual.

One of the biggest problems in teaching programs in many settings is that individuals spend time being taught or doing things that have no real effect on helping them to live more independently or enjoyably. That is, individuals spend time in many programs doing things that do not help them to function in natural settings in which people live, work or play.

For example, have you seen adults with disabilities spending time putting pegs in pegboards as part of their teaching programs? The individuals put the pegs in pegboards, a support staff then empties the pegs out of the boards, and then the individuals put the pegs back in the boards. How useful is this activity for teaching people with disabilities to function in natural settings where people like you and I spend our time?

Your Notes

Surveys and observations of teaching programs around California and the United States in general have shown a number of common teaching activities in many programs that really do not help individuals with disabilities function more independently.

Besides being taught to put pegs in pegboards, teenagers and adults with disabilities are often observed being instructed to color in children's coloring books, put three-piece puzzles of cartoon characters together, string toy beads on a string, and put plastic circle rings on a ring stack.

Do these activities help the individuals to do useful things with their peers without disabilities? Or do these activities simply provide individuals with something to do during teaching programs that have no useful impact on the individuals' lives outside of the teaching situation?

To make sure we teach skills that truly support individuals with disabilities in **learning skills that will help them live more independently and enjoyably**, we can follow several important guidelines in selecting the skills we teach.

One of the best guidelines for making sure that what we teach is meaningful for a individual is that: ***the skill we are teaching a learner would be performed for the learner by someone else if the learner could not do the skill by him or herself.***

For example, if an individual could not brush his or her teeth, would someone else brush the individual's teeth? Someone else would brush the person's teeth because teeth brushing is an important part of good hygiene.

Your Notes

With this guideline, there are many useful skills that we can identify to teach to individuals. One of the best examples is self-care skills. If individuals do not do self-care skills such as putting on deodorant, combing their hair, brushing their teeth, etc., support staff would do these things for consumers in order to promote good personal hygiene.

Most of us prefer to do self-care activities for ourselves rather than having someone else do the activities for or to us. The same holds true for many individuals with disabilities. This is another reason the guideline is a good one for selecting meaningful teaching activities: most people prefer to have the skills to take care of themselves.

A second guideline for making sure what we teach a individual is really meaningful is: ***the more often a skill is needed by someone, the more important it is to teach the person to do the skill.***

For example, think about: (1) an individual who does not know how to greet people when he or she sees a person for the first time each day and, (2) the individual who is being taught how to identify the months in which certain holidays occur.

Your Notes

Naming the months of holidays is important. However, this skill is not used nearly as often as greeting people every day. Which skill would be more useful for an individual to know how to do as part of the individual's day-to-day life?

The third guideline concerns the degree to what we teach is *age appropriate.*

From a teaching point of view, skills that we teach to individuals are more likely to be meaningful for individuals if the skills are the same skills used by people without disabilities who are of the same general age.

For example, think about the situation noted earlier in which an adult with disabilities is being taught to put pegs in a pegboard. Is putting pegs in a pegboard something that we see many adults doing in natural settings? Putting pegs in a pegboard is not something many adults do very often, if at all. Teaching adults with disabilities to put pegs in a pegboard means that we are teaching something that is not age appropriate and not very meaningful.

Your Notes

Teaching individuals with disabilities age appropriate skills not only helps individuals to take an active part in normal communities and activities, it also helps individuals to be accepted by others in their communities.

Think about a situation in which an adult with a disability has been taught how to play with a toy truck. If the adult plays with a toy truck in a community park, other people in the park are likely to shy away from the individual — because people are not use to seeing adults play with toy trucks. On the other hand, if the individual has been taught to shoot a basketball or feed birds in the park, other people are not as likely to shy away from the individual. It is common to see adults shoot a basketball or feed birds in a park. These skills are more age appropriate for adults than playing with a toy truck.

Your Notes

The issue of age appropriateness often raises some debate. Although it is more meaningful to teach age appropriate skills, some people may prefer to do some things that are not viewed as age appropriate.

A general suggestion is that we should try to teach skills that are age appropriate because they are most meaningful for people. However, during leisure time when people choose what they want to do, opportunities to participate in many things should be offered. **If people choose to do things that are not age appropriate during their leisure time, then that would be their choice.**

The suggestion should not be viewed as a mandate, but something to keep in mind. DSP staff should decide the issue of age appropriateness in light of the wishes of the individual, his or her support team and the values and practices of their agencies.

Your Notes

To make sure what we teach is age appropriate, we must think about both the skills we are teaching and the materials we use during teaching. To be age appropriate, the skills should meet the guidelines we are talking about here. For materials used in teaching to be age appropriate, the materials must be the same — or at least very similar to — the materials that an individual's age group peers would normally use when applying their skills during an activity.

Your Notes

A fourth guideline for making sure what we teach to individuals with disabilities is meaningful is: ***the skills can be used to support the learner in getting something the learner wants, or getting out of something the learner does not want, without challenging behavior.***

In another session on Positive Behavior Support, we talked about how challenging behavior often serves a communication function or purpose. In many cases, challenging behavior occurs because an individual is telling us she or he wants to do something or does not want to do something. We can help individuals avoid challenging behavior by teaching them ways to communicate what they want and do not want that are similar to the ways all of us express our desires.

Think about the situation in which an individual becomes tired when a DSP is teaching the individual to brush his or her teeth. The individual may slap at the DSP because the individual has learned that by slapping, the DSP will stop the teeth brushing (for example, to avoid being slapped again or to carry out a behavior program). One way to prevent or stop slapping in such a situation would be to teach the individual a better way to say she or he is tired and wants a break. We could teach the individual to say or sign “break” or “stop”, and then continue teaching teeth brushing after the break.

Your Notes

The fifth and final guideline for making sure what we teach is meaningful for the individual is the most important, and relates to all the other guidelines. **Specifically, we should teach skills that lead to *natural outcomes* for the individual.**

Teaching for natural outcomes means that we teach skills to individuals that support them in doing and achieving things that people do in the natural settings in which they live, work and play. These outcomes are the main reason we teach; they support people with disabilities in living independently and enjoyably.

As an example, a natural outcome of learning how to dial a telephone is to talk to someone at a time when the individual wants to talk to the person. A natural outcome of learning how to make a pizza is that you might eat it after you cook it.

Your Notes

All of our teaching efforts should be directed to supporting individuals in obtaining natural outcomes that result from being able to do the skills that we teach. At first we may have to build other outcomes into our teaching programs, such as an individual receiving praise from a support staff as the individual learns some steps of a skill. However, the final goal is to support the individual in learning a skill. The individual can then use the skill to obtain the natural outcomes in communities in which the individual lives, works or plays.

Your Notes

Information Brief

Developing Meaningful Teaching Plans

For many of us, what and how we teach comes from an individual's individual teaching plan. That is, the individual and his or her support team develops a written plan that includes how and what we should teach. How teaching plans for individuals are developed is a very important part of making sure we teach skills that are truly meaningful for individuals.

To make sure teaching plans are developed such that the plans support individuals with disabilities in learning meaningful skills, there are several key steps that are helpful for developing plans.

The first step in developing a meaningful teaching plan is to make sure that everyone who will be carrying out the plan to teach an individual is involved in developing the plan. Most of us carry out duties and enjoy the duties more if we have some say in what we will be doing. The same hold trues for carrying out teaching plans.

A very good way to make sure the goals of teaching plans lead to individual outcomes that support the individual in living as independently and enjoyably as possible is to make sure teaching plans are *person centered.*

As discussed in other classes, a key part of being person centered means teaching plans are developed by the individual and people who know him or her best. From a

Your Notes

teaching point of view, the DSPs who will be carrying out the teaching plans will know a great deal about the individual's likes and dislikes.

The second step is to make sure the teaching plans are developed to support individuals in achieving natural outcomes. The goal of all teaching programs should be to support individuals in achieving outcomes that individuals want and can use in natural settings. It is these outcomes that support individuals in living as independently and enjoyably as possible.

The third step in developing meaningful teaching plans involves how the teaching will occur as part of the plan. *How* teaching will occur relates to the teaching materials and strategies that will be used during teaching. We have talked about making sure teaching materials are meaningful by using materials that are the same or very similar to the materials that are normally used in natural activities of living, working and playing.

We have also talked about many types of teaching strategies in this and earlier classes. Remember that we try to choose a teaching strategy that: (1) is effective in terms of truly supporting the individual in learning the skill, (2) is liked by the individual and, (3) the teacher is comfortable using.

The final step to help develop meaningful teaching plans is to make sure the plans tell when and how often the teaching plans should be carried out. Generally, the more we teach, the more likely it is that individuals will learn meaningful skills.

Your Notes

Information Brief

Implementing Meaningful Teaching Plans

Of course, a teaching plan is useful for an individual only to the degree that the plan is carried out. **There are two main points to look for in carrying out a teaching plan.**

The first point is to make sure the plan *is carried out as written.* If teaching plans are not carried out as written, then we cannot evaluate if the plan is working to help the individual learn meaningful skills. Carrying out a teaching plan as written is also important to make sure everyone carries out the plan in the same way. If different people teach in different ways, then it will be harder for the individual to learn meaningful skills.

The second main point in carrying out a teaching plan is that teaching should be *responsive*. That is, a teaching plan should be carried out or changed in response to what the individual does. If an individual does not make progress in learning a meaningful skill or does not like how teaching is occurring, then the teaching plan should be changed.

Your Notes

Information Brief

Supporting Individuals in Maintaining Meaningful Skills

In many teaching plans, what an individual should do to show she or he has learned the skill being taught is written into the plan. This is often referred to as the mastery criterion or mastery level for showing that an individual has learned a skill. Teaching programs should be continued until the teacher has taught the individual to the level noted in the plan. However, even when an individual shows she or he has learned the skill being taught, the teacher's job is not over. That is, **the teacher should then support the individual in *maintaining* the skill.**

Maintaining a newly learned skill means that an individual can continue to use the skill over time. In one sense, maintaining a meaningful skill is like remembering how to do something for long periods of time.

Once a person has learned a meaningful skill as a result of a teaching plan, it should not be assumed that the individual will maintain or remember how to use the skill. Rather, the individual should be *taught* to maintain the skill.

Your Notes

There are two good ways to support a individual in maintaining a newly learned skill. The first way is to provide opportunities to practice the skill. DSP can help a individual practice a newly learned skill by conducting a teaching session with the individual every now and then even when the individual has already learned how to do the skill.

A second way to support an individual in maintaining a newly learned skill is to make sure the individual has opportunities to use the skill in the natural settings in which the person lives, works or plays. Part of our teaching plans should involve supporting individuals in having opportunities to use their newly learned skills in natural settings in which the skills are normally used.

Your Notes

Key Word Dictionary
Teaching Strategies: Ensuring Meaningful Life Skills
Session #8

Age Appropriate
Learning and doing things that are similar to what people without disabilities of the same age group usually do. When teaching skills to individuals with developmental disabilities, it is usually in the best interest of the individuals to teach skills that are the same skills that other people their age learn and do.

Meaningful Skills
Skills that help individuals live their lives in an independent and enjoyable way. All teaching programs should teach skills that are meaningful to the individual learner.

Meaningful Teaching Materials
Using materials that have importance to the individual (for example, materials known by the individual, things which are reinforcing to the individual).

Meaningful Teaching Plans
Plans which focus on skills that: (1) individual could not do for him or herself; (2) can be used often; (3) teach age-appropriate skills; (4) support an individual in getting something wanted or avoid something unwanted without challenging behavior; and (5) that lead to natural outcomes.

Natural Outcomes
Natural outcomes refers to achieving things in natural settings in which people live, work and play. Natural outcomes are the goal of teaching: to support people with disabilities in doing things in settings in which people naturally live, work and play. For example, drinking coffee is the natural outcome for making it or buying it at a coffee shop. Gaining natural outcomes helps people live independently and enjoyably.

Person-Centered
Supporting people with disabilities in making their own choices for everyday and major lifestyle decisions.

Skill Maintenance
Refers to a person being able to perform a skill long after the person has learned the skill. Teaching programs should be set up to help people do the skills for a long time — to *maintain* the skills over time.

If You Want to Read More About
Teaching Strategies: Ensuring Meaningful Life Skills

Brown, L., Branston, M.B., Hamre-Nietupski, S., Pumpian, I., Certo, N., & Gruenewald, L. (1979).
A strategy for developing chronological-age-appropriate and functional curricular content for severely handicapped adolescents and young adults. Journal of Special Education, 13, 18 90.

Evans, I.M., & Scotti, J.R. (1989).
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Snell, M.E. (Ed.). (1993).
Instruction of students with severe disabilities (4th ed.). New York: Merrill Publishing.

Westling, D.L. & Fox, L. (1995).
Teaching students with severe disabilities. New York: Merrill Publishing.

Worksheets and Activities

Teaching Plan and Individual Progress Record

Name: Vernon Mayberry_____ Goal: Vernon wants to do more for himself

Objective: Learn to shave himself by June 30th

"**+**" = independent "**O**" = Needs a prompt

Task Analysis:

	5/1	**5/2**	**5/3**	**5/4**	**5/5**	**5/6**	**5/7**	**5/8**	**5/9**	**5/10**
1. Gets shaver	0	0	0	0	0	0	0	0	0	0
2. Plugs in shaver	0	0	0	0	0	+	+	+	+	+
3. Turns on shaver	+	+	+	+	+	+	+	+	+	+
4. Shaves faces	+	0	0	0	+	+	+	+	+	+
5. Feels for unshaven beard	0	0	0	0	0	0	0	0	0	0
6. Turns off shaver	0	0	0	0	+	+	+	+	+	+
7. Puts shaver away	0	0	0	+	+	+	+	+	+	+
8. _____										
9. _____										
10. _____										
11. _____										
12. _____										
13. _____										
14. _____										

Optional Activity:
Ensuring Meaningful Life Skills

Think of individuals whom you have observed in different teaching activities.

What are some of the activities you observed that <u>did not</u> seem to be skills that the individuals could use to live more independently in natural communities in which people without disabilities live, work or play?

What are some of the activities you observed that seemed to be building skills that the individuals could use to live more independently in natural communities in which people without disabilities live, work or play?

Year 2
Direct Support Professional Training

Resource Guide

Session #9

Supporting Quality Life Transitions

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	**Supporting Quality Life Transitions**	**3 hours**
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

In this session, the key words are:

- **Activities**
- **Life Quality**
- **Life Stages**
- **Transition**
- **Attachment or Bond**
- **Developmental Delay**
- **Special Health Care Needs**
- **Grief Process**

Information Brief

Life Stages and the Role of the Direct Support Professional

Life Quality

"... The essence of a high quality life is being able to adopt a lifestyle that satisfies one's unique wants and needs. In this respect, transition poses a real challenge to all persons because it involves a change in one's lifestyle. The uncertainty caused by these changes and the loss of familiar routines, relationships and control is often stressful (Quality of Life; Perspectives and Issues)."

Transitions from one life stage to another naturally occur throughout life. These stages are stressful for all people and maybe more so for people with developmental disabilities. This Resource Guide provides you with information about:

- different life stages;
- challenges to having a quality life people with developmental disabilities face; and
- ways for DSPs to help people through transition and to support life quality.

Your Notes

Life Stages

Introduction
Although the way each person moves through the stages of life is different for each person, these stages can be defined in general terms. Some of these stages are easily defined by age (for example, infancy, childhood, adolescence) while others are defined by important events (for example, the first day of school, graduation from school, moving away from home, getting married, having children). Individuals with and without disabilities pass from childhood to adolescence to adulthood, and finally, into old age and retirement. **The DSP has an important role to play in providing individuals support during periods of transition. That is, to ensure that individuals maintain and/or improve their quality of life.**

A person may require different kinds of support during different life stages. **The one thing that is common to all life stages is the person's need for meaningful, supportive relationships, family, friends and you, the DSP.** A good example is when a person moves from their family home to a care home. The success of this transition is dependent upon the kind of emotional support a person is given during this time as well as careful planning for individual needs. The following information is presented to help DSPs better understand individual needs throughout the lifespan.

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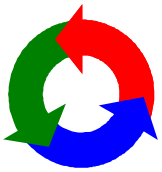
Infant

What's typical

From birth until a year of age, an infant goes from being completely dependent on others to actively exploring his or her environment. An infant begins life without being able to hold up his or her head, roll over, or reach for objects to being able to sit, crawl, and stand. Many will take steps or even walk by one year of age. He or she can hold separate objects in each hand, transfer an object from one hand to the other, and reach for and grasp objects on his or her own. A newborn infant is totally dependent on others for feeding, but by one year of age he or she can feed himself with his fingers and is beginning to be able to hold a cup. Meaningful language may be beginning to develop in the form of "mama", "dada" or other simple words such as "hi" or "bye-bye." The one year old frequently has his or her own "language" or jabber or is imitating words of others. The infant does have a heavy head, weak neck muscles, soft and rapidly growing brain, and thin skull wall, which make it possible for serious brain injury to occur from shaking. Common things to be aware of in caring for a child from birth to one year are:

1. **NEVER SHAKE A BABY!**

2. NEVER leave an infant alone on a bed, changing table or other high object.



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3. ALWAYS put crib rails up when stepping or turning away from the infant.

4. Place a baby down to sleep on his or her back or on the side, with the lower arm forward to stop the infant from rolling over.

5. Place a baby on a firm mattress and do not use fluffy blankets or comforters under the baby. Do not let a baby sleep on a waterbed, sheepskin, pillow, or other soft material.

6. Cover electrical outlets with child-proof covers.

7. Make certain that wires and cords from lamps, appliances, etc. are not hanging where a child could easily pull them, causing something to fall.

8. Keep gates in front of steps and stairs.

9. Keep all medicine, household cleaners, and any other toxic substance out of the reach of children, in a locked cabinet.

10. Keep child-proof latches on all drawers and cabinets to prevent an infant, toddler, or small child from opening.

11. Keep all plastic bags away from infants and small children.

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12. Keep needles, safety pins, coins, beads, and other small objects away from infants and small children.

13. Never give an infant or young child foods such a popcorn, peanuts, grapes, raw vegetables, marshmallows, hot dogs, or other items which may obstruct a child's airway.

14. Place a hot coffee pot or other hot item in the center of the table. Do not place hot items on a table with a tablecloth, unless the child is supervised.

15. Never leave a child alone in a bathtub, or near other bodies of water, such as a fish pond or swimming pool. A child's small inflatable plastic pool can also be dangerous if the child is not supervised.

16. Use a sunscreen with a SPF of 15 or higher when taking an infant or child outdoors.

17. Always place an infant in a car seat, which has been properly installed. Place infant car seat in back seat.

18. Never leave a child alone near a lighted stove, fireplace, barbeque, burning candle or lamp.

Some Things to Think About
Infants and families of infants with developmental disabilities may face many challenges in this first stage of life. The infant may have special health care needs and most parents become very

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involved in making sure that their newborns get the services they need. However, some parents may be so afraid that their baby is not going to live, that they may have difficulty becoming attached to their infant. As time goes on, and parents become aware of missed or delayed milestones, they may feel a profound sense of grief or loss. Feelings often include denial, depression, sadness, guilt, and anger. Parents may experience irritability, loss of appetite, difficulty sleeping, or preoccupation with other activities. In some infants with special health care needs, fear of the child dying is the overwhelming reaction of parents.

The Role of the DSP

While not many infants are placed in a licensed, community care home, it does happen. This is usually an extremely difficult and painful experience for parents. The infant may be so medically challenged that his or her parents feel unable to provide the support needed while, at the same time meeting the needs of the rest of the family.

Parents will often have conflicting feelings about turning over the responsibility of parenting to another person. This can result in considerable stress. For DSPs who support infants, it is important to listen carefully to what parents are saying and to try to accommodate their needs as well as the needs of the infant. DSPs must be patient in developing a relationship with the parents. **The infant's quality of life will be affected by how successfully the DSP supports both the infant and the parents in this transition.**

Your Notes

Toddler and Preschooler

What's typical

During this period, a child becomes able to move about freely and to communicate verbally with others. He or she learns to eat and dress himself or herself and to participate with others in play. He or she will also develop toileting skills. Children of this age generally are very active and have a hard time sitting still. They are very energetic and enjoy making noise. Most are shy of strangers and may cling to parents or other adult family members, but gradually adjust to the company of other adults. Right or left-handedness is developed and the child continues to progress in the area of muscle coordination. Many children will participate in toddler groups or daycare, and most will go to preschool. In these situations, they learn to play with other children their own age and "practice" relations with others. In addition to safe-home practices for newborns and infants, the following safe-home practices are important for toddlers and preschoolers:

1. Keep all power and hand tools out of the reach of children.

2. If you have Venetian blinds with cords having loops at the end, cut the loop in order to avoid the child getting his or her neck caught in it.

3. Keep matches out of reach.

4. Always turn the handles of pots and pans towards the back of the stove.

5. Learn which plants are poisonous and keep young children away from them.

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6. Be certain children are fastened in carriages and strollers.

7. Never leave a child alone in a carriage, stroller, or shopping cart.

8. Never leave a child alone in the house or a parked car.

9. Children weighing up to 40 lbs. should ride in a car seat. Children 40 to 60 lbs should ride in a booster seat.

10. Never place a child in the front passenger seat with passenger side air bags.

11. Discard old refrigerators, freezers, or stoves or have the doors removed from them.

12. NEVER have firearms (loaded or unloaded) where a child can reach them.

Some things to think about
From age one to age five a great many developmental milestones are expected in the life of the developing child.
Children begin to walk and talk, and will continue to learn to jump, run, ride tricycles, and speak in full sentences and carry on a conversation long before they enter school. Most generally know the alphabet or may actually read simple words before beginning kindergarten. They learn to dress themselves, play cooperatively, imitate household tasks, and use imaginative play. Young children with developmental disabilities may show an increasing lag behind their peers. Many parents compare their young child's development with that of their older peers. Often this may be a time when a younger

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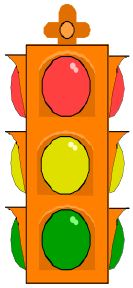
sibling is born, who may in time "pass up" the older brother or sister in his or her development.

The Role of the DSP
The life of the toddler and preschooler with developmental disabilities often includes an array of "professional helpers," including the Regional Center Service Coordinator. Often it is difficult to distinguish who all the professionals are and the programs they represent. This frequently seems intrusive to the parent or provider caring for the young toddler or preschooler. It is sometimes easy for misunderstandings to happen if the DSP or the parent loses sight of the fact that the child is everyone's number one concern.

The process of grief is ongoing, and different people go through this process in different ways. Frequently mothers and fathers will be at different states of the grief process at different times, and often will have difficulty understanding where the other parent is coming from. It is important for the DSP to recognize the differences between adults going through the grief process, and to have understanding and sensitivity for the parents, while continuing to provide the best care and environment for the toddler or preschooler.



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School Age

What's typical

At age 5, children usually enter kindergarten and begin his or her elementary school education. The first day of school is one of the most memorable events of a young child's life. Along with expanding academics, a child's social relationships broaden, and extra curricular activities such as music, sports, Scouts or other youth organizations become an increasing part of a school-aged child's experiences. Many children will also experience going to camp with their friends and separation from family for a period of time. Team play and skill development are important milestones. Friendships that start in childhood often last into adulthood. Children of this age develop "best friends" and become aware of pleasing others and seeking mutual interests. Being accepted by one's friends becomes increasingly important.

Among school-aged children, motor vehicle accidents are the leading cause of death, followed by pedestrian injuries. A high percentage of non-fatal injuries are due to falls. Considerations for keeping school-aged children safe include:

1. Use seat belts at all times in automobiles. See above section for placement of car seat or booster seat.
2. Use appropriate fitting helmets on all children riding bicycles.
3. Educate children about the dangers of going into the street. Set boundaries. Use door alarms or other devices in homes of children who may not understand and dart into the street.

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4. Always have adult supervision when swimming.

5. Teach the child about appropriate interaction with strangers (getting into cars, answering doors, etc).

Some things to think about

When a child enters school, the family must learn to work with a new set of professionals, learn a new language (for example, IPP or Individual Program Plan) and join a new team (the IEP or Individual Education Plan Team). This transition is as hard for families as going to school may be for children.

Parents may become consumed with seeking help, talking to doctors and other professionals and doing lots of reading and research. This is definitely not how they thought they would spend their time while their child was young. Individuals working with children with disabilities must be very sensitive to the feelings of anger and frustration that parents may have while trying to help them develop healthy relationships with their children.

The Role of the DSP

Some families of school-aged children have made the difficult decision to find a place away from the family to live. When working with children, the DSP needs to be familiar with what is happening at the child's school. Often a parent's major concern about their child during this stage is safety. The DSP must be able to show a parent that the child is safe while he or she is experiencing the activities of children for a particular age. This works best when parents are involved in planning and decision-making. Again, the relationship with parents is important for both the parents and the child. Make

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sure the parent feels welcome in the home. Make sure the parents know about important events. Invite them over for special celebrations at the home. And always be available to talk to the parents and share information about their child.

Adolescence

What's typical

Early adolescence generally includes the beginning of puberty (physical and emotional development of males and females), which is usually about 2 years earlier in girls than in boys. Grooming and personal hygiene become increasingly important. Adolescents become aware of their appearance, and are very sensitive to the opinions of others. Their weight may become a concern to them, and they may try various diets to try and change their appearance. Anorexia (an eating disorder) becomes a concern in some teenagers, especially girls, while others may not get enough exercise, and become obese.

Friends become more and more important and are called peers. Peer pressure can be quite strong. The type and volume of music a teenager listens to is influenced by his or her peers, as are dress, hairstyle, or things such as tatoos or body piercings. This is a time when a young person may be exposed to the use of alcohol, cigarettes, or illicit drugs. Social groups, sports, music, or other activities continue to take on increasing importance in the life of a teenager. All the time the academic pressures and expectations continue to grow, which will affect future education and career choice. Adolescents are moving more and more towards independence, which eventually includes things such as

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driving and dating. From the move into middle school, then on to high school, and eventually graduation, the adolescent years are marked with significant milestones, all in eventual preparation for the transition into adulthood. Many adolescents will obtain their first job and begin to manage money. Later adolescence is marked by the young adult separating from one's parents and moving out on his or her own.

The DSP should support the adolescent in the following routines and activities:

1. Get enough sleep.
2. Eat a well-balanced diet.
3. Obtain information and materials for good grooming.
4. Provide accurate information about tobacco and drugs.
5. Discourage drinking alcohol, especially while driving, swimming, or boating.
6. Learn how to swim.
7. NEVER swim alone.
8. Wear sunscreen of SPF 15 or higher outdoors.
9. Wear helmet when riding a bike, motorcycle, or ATV (all-terrain-vehicle).
10. Avoid loud music, which may damage hearing, especially in headsets.

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11. Have accurate information about relationships and sexual development.

12. Complete homework and participate in regular activities (social, recreational, sports, spiritual).

13. Maintain open line of communication between adolescents and adults.

14. Be alert for signs of depression.

15. Identify talents and interests.

16. Make plans for transition from high school.

Some things to think about

The stage of adolescence is one of extreme change. For young people with disabilities, it is often a time for families to be thinking about and planning for the supports needed to be successful as an adult.

As teens begin to do more things on their own, the life of the teenager with a disability can become quite restricted without creative planning. The typical "milestones" are delayed or may not happen at all and it becomes more obvious to parents that their son or daughter may require continued support for regular daily activities. Reaching and possibly missing typical milestones (first date, obtaining a driver's license) may cause some parents to re-experience sadness, a sense of loss and even anger. Again, this is a time that parents may make the difficult decision that they can no longer meet their adolescent's needs.

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The Role of the DSP

DSPs who support adolescents must become knowledgeable about what typical teens are doing and figure out ways to support the young people they work with in as many of those things as possible. This can be quite challenging, but it is very important to continue to encourage—and support—the teenager to be a participant in school and community activities. A DSP can find out about school clubs, meeting dates and times, and can help arrange for transportation. The DSP may also come up with good ideas about how to support a young person in other activities such as sports, music and art. A DSP should also be on the lookout for ways an adolescent can make a contribution to the community. Volunteering can have many positive effects that last years. Friendships and even job possibilities can come from volunteer experiences.

The DSP may observe changes in the teenager or adolescent that need the support of the person-centered planning team or a professional. It is important for the DSP to follow up with whatever support services may be needed to assist the teenager or adolescent through this state of development.

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The Transition to Adulthood

What's typical

The transition into adulthood is the time most people acquire the skills to begin a job of their own and eventually live independently. It is crucial for young people to learn about the type of training or education needed to achieve their ultimate goal, and then to have opportunities to obtain it. This is a time when the choices of life-style, values, and friendships become increasingly important. Leaving home, entering or leaving school, finding a job, paying bills, buying a car, living with roommates or a significant other, and marriage all take place in the lives of many young adults. Some things to be aware of in the transition to adulthood include:

1. Does the young adult have the opportunity to make a career choice?
2. Does the young adult have realistic expectations?
3. Does the individual's health or abilities limit career choices? Are there accommodations that can be made?
4. Is the young adult pursuing the proper course to reach his or her goal?
5. Will friends be moving away, or will the young adult be moving to a place with no known support system?
6. Does the individual have many friends?

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7. Does the individual have a girlfriend or boyfriend, and will that person be a part of life after high school?

8. If the individual is dependent on public transportation, is he or she able to use the system?

9. Does the individual have personal living skills, such as the ability to manage finances, buy and prepare food, communicate with others, and problem-solve?

10. What type of time management skills does the individual have?

11. Is the individual involved in leisure activities, and are there means for them to continue, or the possibility of new ones beginning?

12. Will the individual's social skills and grooming help or hinder future goals, including career and relationships?

13. Does the individual have good self-esteem?

Some things to think about

Moving through adolescence to adulthood is difficult. For individuals with disabilities, this transition can be even more challenging. Many people may be involved in supporting the person to make those decisions that most of us make fairly independently: what to do after high school, what career to choose, where to live and with whom. By at least age 16, the IEP must have a statement of needed transition services that may be required after graduation. Often, people from many

Your Notes

different agencies may attend a transition planning meeting, including representatives from agencies that may serve the child as an adult. If the child is receiving support from a DSP, it is very helpful for that person to be invited, attend and go to the meeting as well.

The Role of the DSP

The DSP supports the individual in transition planning. The DSP can help the individual to explore the answers to questions about his or her future such as:

- What does the person want to do?
- What are his or her interests and abilities?
- What work, learning or training opportunities are available in the community?
- What are the family's hopes and desires for the individual?
- What services and supports are in place and what would be needed; for these plans to be successful?

Careful planning is necessary for a successful transition.

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Adulthood

What's typical

These are the years where most of us spend the majority of our lives. It is the time when most adults will marry, decide on a career, start a family, manage a home, and assume civic responsibilities.

For most individuals, parenting takes on a major role in adulthood and with it a commitment to an occupation and the support of others. Where one lives, works, and how one spends leisure time is all a part of decisions most adults make for themselves.

During mid-life, some people will often question their lives and accomplishments, and change their view of themselves and their life. Many adults will revise their careers. Some will divorce and remarry, or remain single. Some will lose a husband or wife from death due to illness and injury.

In late adulthood, an individual makes plans for retirement, and again reevaluates goals. Financial security and interests outside of one's previous occupation lead to successful retirement. **Although there are circumstances that contribute to the decisions that are made, the adult has the power to make his or her own decisions about their life.**

Some things to think about when working with adults include:

1. What are major decisions the individual is required to make or is in the process of making at this time?

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2. How will past decisions and experiences affect current choices?

3. What is the individual's ability to make an informed and wise choice?

4. Is the individual able to support him or herself and are others dependent on that person for their support?

5. How is the individual able to adjust or revise goals for the future?

6. Is the individual in an intimate relationship?

7. What life stresses is the individual experiencing at this time, if any?

8. Does the individual feel that he or she is a contributing member to society?

9. What is the individual's sense of identity and self-esteem? In other words, how does the person feel about him or herself?

10. How does the individual spend leisure time? Is that time spent with others or alone? If not, might the individual be experiencing feelings of isolation?

11. What type of losses, through divorce, death, etc. has the individual experienced?

12. Does the individual have a sense of spirituality? Does the individual have a preference for religious participation?

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Some things to think about

People with developmental disabilities often have not had the "power" to make their own life decisions. Many people with disabilities are dependent on their family for emotional support, and on government services for financial support. Having the opportunity to make decisions may be a constant struggle for an individual with a disability. **Adult years are a time when decisions are made that shape a person's quality of life for years to come. The DSP can help by making sure that the individual has opportunities and information with which to make decisions about his or her life.**

The Role of the DSP

A DSP has a challenge and a great opportunity for supporting a person through his or her adult years. **Remember, a quality life is the same for all of us and includes: having opportunities for choice; developing relationships; being a member of the community; having fun; advocating for ones rights; being treated with dignity and respect; being safe and healthy; and satisfied with one's life in general.** The DSP will be working with the individual and his or her team in developing ways to improve life quality by taking into consideration individual choice, interests, abilities and needs.

Your Notes

Aging

What's typical

When working with older people, it is important for the DSP to be aware of changes that naturally occur with age. In persons with developmental disabilities, these changes may occur 20-30 years earlier than in the average population. Such changes may affect a person's vision, hearing, taste, touch, smell, physical appearance, and musculoskeletal (muscle and bone) system. Changes for the DSP to look for are included on the following pages.

Your Notes

Some Things to Know About Vision

An older adult may openly share concerns about their vision. But if they do not, or the change has occurred so gradually that they have adapted and are not aware of them, some clues to look for include:

1. Wears spotted, soiled or mismatched clothing;
2. Uses non-visual methods such as searching with their hands for an object, or searching for the edge of a chair to walk around it;
3. Needs more lighting for activities;
4. Falls or bumps into furniture or doorways;
5. Not aware of a decline in cleanliness of living area;

Suggestions for ways to help older people with changes in their vision include:

1. Use bright contrasting colors around doors and steps.
2. Avoid highly polished surfaces. This will allow for good light, yet limit the glare.
3. Use bright light. This will help the person know the difference between detail and colors.
4. Limit the time of “close work” (for example, knitting, reading).
5. Provide support in a new environment until the person has become accustomed to it and can easily find his or her way around.
6. Provide support when walking if needed.
7. Use adaptive aids such as telephones with larger numerals, large print books, and magnifying glasses.
8. Provide adequate handrails in stairwells and other areas where the person may need support.

Some Things to Know About Hearing

Cues to look for when an individual's hearing becomes impaired are:

1. The radio or TV volume is on very loud.
2. They ask you to repeat things.
3. You notice them watching your mouth very closely
4. If you turn your back to them, they do not hear or understand you.
5. They talk excessively loud, yet don't realize it.
6. They don't hear the door bell or a knocking at the door.
7. They don't hear the telephone ringing in another room.

Suggestions for ways to help older adults with hearing problems:

1. Increase loudness of your voice when talking, but don't shout.
2. Speak clearly and distinctly. As mentioned, the problem may not be volume, but the inability to distinguish between similar sounds. Speak at your normal rate, but not too rapidly.
3. Speak to the person at a distance of 3 to 6 feet.
4. Face the person you are speaking to. Establish eye contact. Be sure they are looking at you.
5. Position yourself near good light so that your lip movements, facial expressions, and gestures may be seen clearly.
6. If the listener does not understand what was said, rephrase the idea in short, simple sentences.
7. Limit background noise and distraction.
8. Use alternative communication systems, such as lipreading, pictures, gestures.

Some Things to Know About Taste

A cue to look for when an individual ages is:

Increased use of spices, especially sugar and salt.

Suggestions for assisting older adults when their sense of taste decreases:

1. Pay special attention to the person's medical condition, and any special diet he or she may be following. Additional sugar and salt may have a negative effect on a person's disease, such as diabetes or high blood pressure.

2. Check with the individual's physician if you have questions or concerns in an increased use of spices.

3. Offer different foods that may have natural flavoring.

Some Things to Know About Touch

Cues to look for when an individual ages:

1. He or she does not react in their usual way to changes in temperature.

2. He or she doe not react in their usual way to pain.

Suggestions for assisting adults whose sense of touch has decreased:

1. Watch the person closely as they may not react to water temperatures that may cause burns.

2. The individual may stay longer in the sun than usual and cause a sunburn

3. Their body may become too cold (hypothermia) or too warm (hyperthermia). In certain climates they may develop conditions such as frost bite or heat stroke, without being aware of it.

Some Things to Know About Smell

Cues to look for when an individual ages:

1. They may eat spoiled food
2. He or she may not react to bad smells, such as leaking gas from a heater or stove in their home.
3. The individual may not smell smoke from a fire and need assistance in leaving the scene of the fire.

Suggestions for assisting aging adults:

1. Watch carefully what the person eats.
2. Be aware if they are exposed to chemicals such as ammonia, bleach, smoke or gas, which may cause harm. Remove them from such situations.

Some Things to Know About Musculoskeletal (muscle-bone)

Cues to look for when an individual ages:

1. Discomfort, lack of mobility, decreased activity.
2. May experience fear of falling and difficulty with steps. (These fears may lead to depression because the person sees himself or herself in failing health and unable to function on his or her own).

Suggestions for assisting aging adults:

1. Obtain physician recommendation before applying heat or cold to affected joints.
2. Assist the individual in maintaining appropriate weight.
3. Continue with and encourage a well planned exercise program using low stress impact, such as walking or swimming. The advise of a physician or a physical therapist is always recommended when there is a change in activity level.
4. Use adaptive aids (velcro on clothing, walkers, canes, and other aids to allow the person to function by himself or herself). The individual's physician should be involved in making decisions about appropriate adaptive aids for ambulation or other physical concerns.

Some Things to Know About Digestion

Cues to look for when an individual ages:

1. Lack of healthy teeth or poor fitting dentures, making it especially difficult to eat fresh fruits and vegetables, and other highly textured foods, such as steak.
2. Difficulty swallowing.
3. Indigestion, with heart burn and pain in stomach.
4. Constipation.
5. Hemorrhoids, causing pain and rectal bleeding.

Suggestions for assisting aging adults:

1. Provide soft, easy to chew foods.
2. Be certain the person has good dental hygiene.
3. Serve small frequent attractive meals.
4. Serve the main or largest meal early in the day.
5. Provide a relaxed atmosphere.
6. Increase liquids, fruits, vegetables, and grains.
7. Increase exercise.
8. Avoid foods with seeds (such as tomatoes).
9. Avoid regular use of enemas or laxatives.
10. Consider texture, how chewy a food is, and consistency, how "runny" a food is. Highly textured foods are more difficult to chew. Foods with thick consistencies, such as mashed potatoes and peanut butter, may be difficult to manipulate in the mouth, and foods with very thin consistencies, which are "watery", may be more difficult to swallow.
11. Always consult a physician if there is pain on eating. This could be the sign of an ulcer.
12. Always notify a doctor of any rectal bleeding.

Some Things to Know About Sleep

Many older people find they need less sleep. But, if they don't get enough sleep, they may experience fatigue, irritability, and decreased concentration. The older adult may:

1. Wake up more often at night.
2. Find it harder to get to sleep.
3. Wake up earlier.

Suggestions to assist the older adult might be to:

1. Encourage the person to limit naps.
2. Promote regular habits. People should get up and go to bed at a similar time each day.
3. Increase exercise, but not too vigorous or too close to bedtime.
4. Use white noise (constant background noise, such as a fan), to mask distractions in the environment, which could cause a person to wake up or not be able to go to sleep.
5. Check room temperature. Be sure it is comfortable for the individual.
6. Provide a light snack before bedtime. Foods such as warm milk have a natural chemical which can help a person to fall asleep.
7. Decrease caffeine and alcohol.

Some Things to Know About Memory

It is clear that some people continue to learn and to obtain new skills throughout their lives. For many people, long-term memory is not affected by aging. For some older adults, short-term memory, recalling experiences in the recent past, is difficult. Some older adults are unable to remember activities that happened earlier in the day or what they had for breakfast, even though breakfast was an hour ago.

Cues that older adults are experiencing memory loss:

1. Increased forgetfulness, especially of recent events or familiar places.
2. Personality changes, such as distrust, increased stubbornness, and restlessness.
3. Social withdrawal.

Suggestions to assist the older adult who is experiencing signs of memory loss:

1. Make learning new tasks easier. Break down tasks into simple steps.
2. Allow the older person plenty of time to process and answer questions.
3. Eliminate distractions.
4. Teach how to organize daily routines, desk, drawers, bedrooms.
5. Use memory aids, such as lists, calendars, picture books.
6. Separate out complaints from real concerns. Some forgetfulness is normal for all of us.
7. Provide peer support. Try to make life meaningful. Promote social interactions.
8. Provide stimulating environments and challenges to keep physically and mentally sharp.

Some things to think about
Some people with disabilities, although certainly not all, may age prematurely and should be supported in retiring at an earlier age than usual. The challenges of aging and retiring are common to us all, having enough money to pay for basic necessities, having a comfortable place to live, staying as physically fit and active as possible, continuing to have meaningful leisure activities and opportunities to have friends and be connected to the community.

The Role of the DSP
As people age, the DSP will need to be aware of their changing physical and emotional health. It may be the DSP who notices that a person is "slowing down" or doesn't seem to go to work with the same enthusiasm. It may be the DSP who realizes a person's hearing or eyesight is getting worse. **The DSP must be prepared to bring these issues up with the person and the team and to help plan for and to support people through retirement and older age.**

Reminder: It continues to be very important that the DSP assist the individual in continuing with routine and emergency medical and dental services throughout his or her life. The primary physician and dentist can be very helpful in working with the individual and his or her person-centered planning team to meet the changing needs of the aging adult.

Your Notes

Grief and Loss

The grief process is a natural and normal reaction to loss that may occur at any time in a person's life. We all experience grief when there is some loss, be that the loss of a parent, a relative, a husband, a pet, the loss of a husband or wife through divorce, the loss of friends, or familiar routines.

Parents of a child with a developmental disability experience grief at the birth of their child, and may experience ongoing grief throughout their lives. They experience a loss of their former hopes and dreams for their child. Now they must learn to cope and go on with their lives, and form new dreams. The grief process, which is divided into several states, enables a person to separate from the lost dream and move on with their life.

The word "states" is used to describe the grief process. **There is no set pattern or step-by-step process that one must go through in any certain order. The states of the grief process are: denial, anxiety, fear, guilt, depression, and anger.** Each of these "states" serves a purpose and in some way helps the person in the grieving process.

Denial is always the first stage of grief, but it may reappear again and again.

In the birth of a child with a developmental disability, parents experience four levels of denial. The first is:

> Denial of fact. "My child is fine, it's your imagination.".
>
> Denial of conclusions reached by medical personnel.

Your Notes

Denial of impact. "Our lives won't change. No one expected such a total change."

Denial of feelings. "I don't have to feel pain."

Denial gives a person the time they need to adjust to the loss, whatever that loss may be.

The second state of the grief process is usually anxiety, but it could any of the other states of grief (fear guilt, depression or anger). Anxiety is what gives the person the energy to make needed changes. It is what allows a person to let go of denial and focus on what is known as the four feeling states of the grief process: fear, guilt, depression, and anger.

Fear is a warning of the changes that are required. Often this is shown by a parent being "overprotective" or by fearing to have another child. Sometimes there is even fear to attach to the child with the disability.

Guilt helps to explain the "why" of the situation. A parent may believe that "good things happen to good people" and therefore, the opposite must also be true. Or one may believe they are being punished for previous sins, or that they have done something in the pregnancy, or even regretted the pregnancy, thus causing the child to be disabled.

Depression occurs because one feels hopeless and helpless. A parent may feel inadequate, incompetent, and worthless. Depression can help parents to see what it takes to be competent, capable, and strong.

Your Notes

Grief Reactions to Loss

Because grief can be so painful and sometimes overwhelming, it can cause people to feel frightened and confused, and can result in reactions that can be alarming. Many people worry that they are acting in the "wrong way" and wonder if there is a "right" way to grieve. There is no "right" way to grieve. Many different expressions of grief are considered normal. People with disabilities grieve in the same way anyone else does. However, if the person can't talk, it may take a support person to realize what is happening is due to grief. If you are concerned or worried about a person's reaction to a loss, you may want to seek out counseling for that person, or try to talk and be the person's support.

Reactions and feelings that many people have felt after a loss include the following:

- Body complaints such as sighing, having trouble breathing, feeling the chest is heavy, tightness in the throat, and being very tired.
- Changes in sleeping patterns . . . being unable to sleep, sleeping too much, waking up early and being unable to go back to sleep. Dreams about the person who was lost or died.
- Changing in eating patterns . . . not eating, or a desire to eat all the time, yet feeling empty.
- Taking on some of the characteristics of the person who was lost.
- Feeling separate and cut off from the world.
- Feeling, and acting, irritable without knowing why.
- Being unable to remember things.
- Being unable to stay motivated to do things that need to be done.
- Being fearful of being alone, afraid to leave the house, afraid to stay in the house or in bed.
- Wanting to talk about the person over and over again.
- Feeling angry at the person for leaving.
- Getting angry suddenly and acting in unusual ways.
- Getting sick more often.
- Using alcohol or drugs to help cope with the loss.

Adapted from Helping Adults with Mental Retardation Grieve a Death Loss by Charlene Luchterhand, MSSW and Nancy Murphy, M.Ed.

Anger occurs because a person feels the need for fairness and justice. There is nothing fair about the disability faced by an innocent child. The change experienced by parents because of the birth of a child with a disability can also be a cause for anger. It has disrupted their life, and drained their time, and money.

Because feelings of anger may be so unacceptable to some people, it may cause them to go back into the state of denial. It's also important to point out, that people may be experiencing more than one state of the grief process at the same time. **Different people go through the grieving process in different ways.** Often a mother and father may not be at the same place in the grief process at the same time. One may still be in denial, while the other is deeply depressed or feeling angry.

DSPs can help parents by making sure that they encourage and support parent's involvement in their child's life, and by being available to talk with parents about their hopes and fears for their child.

Individuals with developmental disabilities also experience grief and loss. This can occur when a person moves from their family home to a residential facility, or when a family member or friend dies, when a favored roommate or a DSP leaves the facility, or even when a pet dies. In these situations, the DSP can help by recognizing that the individual is experiencing grief, and by helping the person work through the grieving process. The "states" of grieving apply: denial of the loss, anxiety, fear, guilt, depression and anger.

Your Notes

The DSP can help an individual with disabilities in the grief process in much the same way they can help a parent, by being available, listening, and understanding. The DSP might do some special things, like listening to music together, looking at pictures or going for walks.

Your Notes

Information Brief

A Life Book

Think about the kinds of pictures and momentos that you keep in a box or a photo album. Do you have pictures of your parents and relatives? Your own baby pictures? Pictures of significant events in your childhood? Graduation pictures? Wedding pictures? Pictures of your children? Birthdays? These pictures or momentos mark the many milestones in your lives so that you can remember. These memories are important to our quality of life.

As a DSP, you can help a person by gathering and taking pictures and other momentos to assist each individual to develop a Life Book. Life Books are, very simply, a scrap book that a person might put together that can help the person stay connected with family… and help the person stay in touch with important memories. Talk to the child or adult and think about things that are important, depending upon the age and interests of the child or adult. A Life Book gives a person the opportunity to relive their memories many times and to share them with others in a meaningful way.

If an individual does not have photos or momentos, the DSP might help them create a scrapbook by clipping pictures from books or magazines that are similar to activities and places that the individual lived, worked, and played.

Your Notes

Information Brief

Physical Fitness Through All Life Stages

What's typical

Fitness activities are important for all people throughout all life stages.

Physical fitness includes four parts: muscle strength and endurance; flexibility; body fat; and the ability of the heart and lungs to work to carry oxygen. Some people think that fitness activities are formal exercises. There are many ways (both formal and informal) to be sure a person gets enough exercise.

Some activities can take place right in the house, like bending over and touching the floor. For example, many household chores can help a person stay fit, including carrying things up stairs, sweeping, and washing windows. Anything that gets the heart rate up and lasts for 15-20 minutes. There are also outdoor activities that promote fitness, like raking leaves or working in the garden.

Physical fitness is a challenge for children and adolescents. Before so much television and computer games, children played outdoors several hours every day. An overweight child or teenager was much less common fifty years ago than now. It is important that children and teenagers get enough exercise to be fit.

Your Notes

Some things to think about
Muscle strength and endurance are needed to complete activities of daily living, such as getting in and out of a bathtub or rising out of a chair. This is probably the most important component of fitness for people as they age. However, how the heart and lungs work is also very important. The number one cause of death in the United States is from heart disease. The risk of heart disease decreases when the heart and lungs are fit. Flexibility often declines as people age. When muscles aren't moved often, they can shorten and become painful. Riding a bike or just walking helps with flexibility. High body fat can contribute to lots of problems, including arthritis, heart disease, stroke and high blood pressure.

Research has shown that younger adults with mental retardation and other disabilities often have very poor fitness levels. This is likely to become even more of a problem for the older person with a disability. **When a person wants to start to pay attention to their fitness in the form of an exercise program they should always first get the approval from a physician and follow recommendations for increasing physical activity throughout the day.**

The Role of the DSP
To promote fitness, DSPs can support individuals by finding ways to include physical activities in daily routines. For example:

- Working out with homemade weights like milk jugs filled with water
- Do stretching exercises during commercials

Your Notes

- While lying in bed, lift and lower each leg several times

- Always use the stairs instead of the elevator

If a person wants to start a formal fitness program, make sure it matches the individual's wants and needs. For seniors, there are often good programs that start gently at the Senior Citizens Center. For children and teenagers, an exercise program could include membership on a soccer team or swim club.

General guidelines are to get some exercise at least three times a week to improve fitness. Usually, it's recommended to stay active for at least 30 minutes, unless the person is just starting and doesn't have the stamina for that long a time. In that case, just start slowly and build gradually.

Some people want to join a gym to improve their fitness. Being a member can be an excellent way for a person with a disability to participate in the community and get to meet other people who are interested in fitness.

Your Notes

Look for the Right Fitness Center

- Is the center familiar with how to accommodate people with disabilities?
- Is there a staff person who knows how to teach and support people with disabilities?
- Does it have accessible equipment?
- Does it offer individualized training sessions at low or no cost?
- Would it be willing to send an instructor to a course on leaning more about fitness and disability?
- Do instructors have a positive attitude toward including people with disabilities?
- Do instructors evaluate newcomers to find out each person's strengths and needs?
- Do instructors change the program every once in a while to prevent boredom?

Staying physically and emotionally fit can take place anywhere. The list on the following pages provide you with over 200 opportunities.

Your Notes

Two Hundred and Sixty Six Everyday Places for Children and Adults

- Aerobic class
- Airport
- American legion hall
- *Amusement park*
- Animal shelter
- Antique store
- Apple orchard
- Appliance store
- Art class
- Art gallery
- Art show
- Arts & crafts store
- Auto body shop
- Automotive center
- Bakery
- Bait and tackle
- Ball park
- Bank building
- Barber shop
- Baseball diamond
- Basketball court
- Basketball game
- Beach
- Beauty shop
- Bicycle trail
- Boat dock
- Book store
- Boxing arena
- Bowling lanes
- Bus station
- Cabinet shop
- Camp site
- Campaign office
- *Candy store*
- Carpenter's shop
- Carpet shop
- Canoe trip
- Car club
- Car dealership
- Car show
- Cathedrals
- Caverns
- Church
- Circus
- City hall
- City commission offices
- Civic center
- Classes held anywhere
- Coffee shop
- Coin shop
- College campus
- College events
- Community center
- Computer store
- Concert
- Conferences
- Consignment shop
- Construction sites
- Cooking classes
- Copy shop
- Costume shop
- Country store
- Counseling group
- Country meetings
- Court house
- Crochet class
- Dance class
- Dentist's office
- Departments store
- Diet class
- *Discount store*
- Doctor's office
- Dog show
- Dog training class
- Donut shop
- Dress shop
- Cathedrals
- Dry cleaners
- Elk's club
- Electric company
- Electronics shop
- Fabric shop
- Fair
- Farm
- Fashion mart or show
- Feed store
- Fire station
- Fishing camp
- Fitness trail
- Flower shop
- Food cooperative
- Food court
- Football game
- Football stadium
- Forest
- Friend's house
- Frisbee group
- Furniture refinishing shop
- Furniture store
- Game arcade
- Garage sales
- Garden
- Garden club
- Gas station
- Gift shop
- Glamour classes
- Golf course
- Goodwill store
- Government offices
- Grape vineyard
- Grocery store

- Groups to help others
- Gym
- Habitat for Humanity
- Hardware store
- Health club
- Health food store
- High school campus
- High school plays
- Hiking trails
- Historic homes
- Horse ranch
- Hospital
- Hotel building
- Ice cream parlor
- Jazzercise class
- Jazz club
- Jogging track
- Junior League
- Junk yard
- Karate class
- Key & Lock shop
- Laundromat
- Lawyer's office
- League of voters
- Legislature
- Library
- Light house
- Live stage shows
- Luggage shop
- Lumber yard
- Magic shop
- Mall
- Manufacturing plant
- Meditation group
- Metal shop
- Miniature golf
- Mini mart
- Mobile home park
- Model airplane club
- Model car club
- Modeling school
- Model home
- Mom's or dad's
- Music hall
- Mosque
- Movie theater
- Nature store
- Neighborhood park
- Newspaper building
- News stand
- Nursery for children
- Nursery for plants
- Office buildings
- Office supply store
- Orange grove
- Outdoor concerts
- Paper mill
- Paper making company
- Parks
- Pep rallies
- Pharmacy
- Photography class
- Photography studio
- Piano store
- Pizza parlor
- Playground
- Politician's office
- Police station
- Political meetings
- Political rallies
- Pond
- Pool hall
- Post office
- Pottery maker's shop
- Print shop
- Race track
- Radio & TV store
- Radio station
- Record store
- Recording studio
- Recreational park
- Recycle center
- Red Cross
- Relatives'
- Restaurants
- River
- Roller blade trail
- Roller skating rink
- Rummage sale
- Sailing area or club
- Salvation Army store
- School events
- School yard
- Seed store
- Self-help groups
- Senior center
- Service groups
- Sewing club
- Shelter for homeless
- Ship yard
- Shoe repair shop
- Shoe store
- Sierra Club
- Sign shop
- Sink holes
- Sister's home
- Springs
- Sports store
- State park
- Story time at bookstore
- Strawberry fields
- Swim meets
- Swimming pool
- Synagogue
- Tai-chai group

- Tailor's shop
- Telephone company
- Tennis court
- Thrift shop
- TV station
- Temple
- Theater production
- Tire shop
- Toy store
- Toddler group
- Truck stop
- University buildings
- University events
- Upholstery shop
- Vacuum repair shop
- Veterinarian's office
- Video store
- Visitor information center
- Voice recital
- Volleyball game
- Volunteers for Democratic party
- Volunteers for Independent Parties
- Volunteers for Republicans
- Volunteers for everything
- Voter registration office or booth
- Voting poll
- Walking or fitness trail
- Warehouses
- Water color class
- Watermelon patch
- Wildflower meadow
- Wildlife park
- Wine & cheese shop
- Winery
- Workshops
- Wrestling match
- YMCA or YWCA
- Yoga group
- Yogurt shop
- Zoo
- ADD YOUR OWN!!

Adapted from the Health and Wellness Guide, Commission on Compliance, State of Tennessee

Information Brief

Dignity of Risk

The idea of risk is something to think about as individuals become more active in the community. A DSP must always think about the safety of the people he or she supports. However, that does not mean that all risks can be eliminated. Everyone faces risk every day. Will the cars stop at the intersection as you cross? Is the potato salad okay to eat at the picnic? Can you pet the dog that comes running up to you?

In each situation we think about the clues that tell us if the risk is too much. Is the car going faster? Then maybe we should wait on the curb a moment longer. Has the salad been sitting in the sun for a few hours? Better not take any. Is the dog wagging his tail? I'll go slowly.

Another way to reduce risk is to think about the activity and break it into small steps. **Discuss the potential risk with the individual, get the help of the individual's planning team, and develop a plan that will ensure maximum protection and safety for the individual. Breaking the activity down into small steps, and planning carefully for each step is a key.**

People with disabilities must be allowed to take reasonable risks . . . and to make mistakes …and try again.

The DSP should look at the likelihood there could be a problem, then figure out how best to prepare an individual so that he or she can be more independent in as safe a way as possible. This is called risk prevention.

Your Notes

The Dignity of Risk

What if you never got to make a mistake?

What if your money was always kept in an envelope where you couldn't get it?

What if you were always treated like a child?

What if your only chance to be with people different from you was with your family?

What if the job you did was not useful or productive?

What if you never got to make a decision?

What if you couldn't go outside because the last time you did, it rained?

What if you took the wrong bus once and now you can't take another one?

What if you got into trouble and were sent away and you couldn't come back because they always remember you were trouble?

What if you worked and got paid only $0.46 an hour?

What if you had to wear your winter coat when it rained because it was all you had?

What if you had no privacy?

What if you could do part of the grocery shopping but weren't allowed to do any of it because you weren't able to do all of the shopping?

What if you spent three hours a day…. just waiting?

What if you grew old and never knew adulthood?

WHAT IF YOU NEVER GOT A CHANCE?

Reprinted from *Links*, July, 1992

Resource Guide

Adapted from *Don't Forget the Fun: Developing Inclusive Recreation*
Children's Hospital
Boston, MA

Please note: The following list contains suggestions for resources that can assist in increasing people's participation in the community, particularly through recreation. Many of the resources are generic; others are more focused on specific ways to support children and adults with disabilities in inclusive activities.

ACCOMMODATION/TECHNOLOGY

ABLEDATA
8455 Colesville Road, Suite 935
Silver Spring, MD 20910-3319
800/227-0216

ALLIANCE FOR TECHNOLOGY ACCESS
1307 Solano Ave.
Albany, CA 94706-1888
510/ 528-0746
An assistive technology and adapted communications database which can provide manufacturer equipment, and product resources for a variety of environments.

ASTRA (Adapted Sport Technology Research Association)
Chris Hood, c/o Variety Village
3701 Danforth Ave.
Scarborough, Ontario, Canada
M1N 2G2
416/699-7167

RESNA Technical Assistance Project
1700 N. Moore Street, Suite 1540
Arlington, VA 22209
703/ 524-6686
RESNA functions as a clearinghouse for information on assistive technology and rehabilitation engineering. Each state has an organization that is funded under the Technical Assistance Act to provide information and referral on assistive technology and RESNA can provide you with the name and number of that organization.

PROGRAMS/ ACTIVITIES/ PLAY:
CREATIVE ARTS

ALITO ALLESSI
P.O.Box 3686
Eugene, OR 97403
503/342-3273
KAREN NELSON
PO Box 13035
Burton, WA 98013
206/463-6293
Alito and Karen travel, teach and consult around the country on inclusive movement and dance for individuals with and without physical disabilities. They can also provide information and referral on dance performance opportunities in local communities.

ASSOCIATION FOR THEATER AND DISABILITY
Access Theater
527 Garden Street
Santa Barbara, CA 93101
805/564-2063 (V) or 805/ 564-2424 (TTY)
Theater arts for individuals of all ages and abilities.

KALEIDOSCOPE THEATER
David Payton, Artistic Director
160 Sumter Street
Providence, RI 02907
401/941-1977
This theater and performing arts center includes individuals with and without cognitive disabilities and can provide technical assistance to other programs and individuals interested in pursuing these activities.

VERY SPECIAL ARTS
1300 Connecticut Ave. NW
Washington, DC 20036
202/ 628-2800 (V) or 202/ 737-0645 (TTY)
Provides a variety of opportunities in the field of creative arts for children and adults. Very Special Arts works with both novices and professionals.

WINGS TO FLY: BRINGING THEATER ARTS TO STUDENTS WITH SPECIAL NEEDS
By Sally Dorothy Baker, 1993
Woodbine House
6510 Bells Mill Road
Bethesda, MD 20817
617.893-7990 or 800/886-3050

ANIMALS/ ENVIRONMENT/OUTDOOR

THE ABLE GARDENER: OVERCOMING BARRIERS OF AGE AND PHYSICAL LIMITATIONS
Kathleen Yeomans, RN, Storey Communications
105 School House Road
Pownal, VT 05261
802/823-5810

ASSISTIVE TECHNOLOGY SOLUTIONS FOR GARDENERS
Marketplace, July 1993
Seaside Education Associates
PO Box 341
Lincoln Center, MA 01773
617/8939-7990 or 800/886-3050

BACKYARDS AND BUTTERFLIES: WAYS TO INCLUDE CHILDREN WITH DISABILITIES IN OUTDOOR ACTIVITIES
New York State Rural Health and Safety Council
324 Riley-Robb Hall
Cornell University
Ithaca, NY 14853-5701
607/255-0150

DISABLED OUTDOORS MAGAZINE
(FOR THE DISABLED SPORTSMAN)
HC 80, Box 395
Grand Marais, MN 55604
218/387-9100
For people with disabilities who enjoy outdoor recreation, including fishing, hunting, boating, camping, photography, mountain climbing and more.

FISHING HAS NO BOUNDARIES
PO Box 175
Hayward, WI 54843
715/634-3185
Information about fishing for individuals of all ages and abilities.

4-H PROGRAMS- PERFECT FIT
Purdue University, Cooperative Extension Service
1161 Agricultural Administration Building
W. Lafayette, IN 47907-1161
317/494-8423
Information and technical assistance to interested parties and 4-H programs on inclusion of individuals with a variety of abilities into 4-H activities.

NATIONAL PARKS SERVICE, OFFICE ON ACCESSIBILITY
U.S. Department of the Interior
PO Box 37127
Washington, DC 20013-7127
202/343-3674 (V) or 202/343-3679 (TTY)
Oversees access issues for individuals with disabilities in the 370 national parks across the country as well as provides technical assistance and training to parks on inclusion issues. Parks facilities are changing constantly and this office can only provide general information. For more detailed information, contact the park of interest directly. This office can provide you with a listing of parks and phone numbers.

NATIONAL THERAPEUTIC RE CREATION SOCIETY
A branch of the National Recreation and Parks Association
2775 Quincy Street, Suite 300
Arlington, VA 22206-2204
703/578-5548
Works with national, state and local park agencies to ensure that all people have an opportunity to find the most satisfying use of their leisure time. They can help to identify individuals and resources in your local area.

WILDERNESS INQUIRY
131 5th Street SE
Minneapolis, MN 55414-1546
612/379-3858 800/728-0719
Inclusive outdoor trips and activities

GENERAL ACTIVITIES

BOYS AND GIRLS CLUBS OF AMERICA
PO Box 105771
Atlanta, GA 30348-5771
414/815-5700

BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
Irving, TX 75038
214/580-2000

COMMUNITY RECREATION AND PERSONS WITH DISABILITIES (1988)
Stuart J. Schleien and M. Tipton Ray
Paul H. Brookes Publishing
PO Box 10624
Baltimore, MD 21285-0624
800/ 638-3775

CONNECTIONS NEWSLETTER
National Center for Youth with Disabilities
University of Minnesota
420 Delaware St. SE, Box 721
Minneapolis, MN 55455
612/626-2931 (V) or 612/636-3939 (TTY)
Free newsletter which provides a wide variety of information and resources on disability related issues for children including recreation.

EXCEPTIONAL PARENT MAGAZINE
(for parents and professionals)
PO Box 3000, Dept. EP
Denville, NJ 07834-9919
800/ 247-8080

GIRL SCOUTS OF THE USA
420 5TH Avenue
New York, NY 10018
212/ 852-8000

INDEPENDENT LIVING RESEARCH UTILIZATION PROGRAM (ILRU) AT THE INSTITUTE FOR REHABILITATION AND RESEARCH (TIRR)
2323 S. Shepherd, Suite 1000
Houston, TX 77019
713/520-0232 (V) or 713/520-5136 (TTY)
Each state has an information and service center for individuals and their families. Contact ILU to find the center nearest you.

MAKING SCHOOL AND COMMUNITY RECREATION FUN FOR EVERYONE: PLACES AND WAYS TO INTEGRATE (1994)
M. Sherril Moon (ed)
Paul H. Brookes Publishing
PO Box 10624
Baltimore, MD 21285-0624
800/ 638-3775

NATIONAL EASTER SEAL SOCIETY
230 W. Monroe
Chicago, IL 60606
312/726-6200 (V) or 312/726-4258 (TTY)
Programs include camping, recreation, early intervention and therapies for children, teens and their families.

NATIONAL INFORMATION CENTER FOR CHILDREN AND YOUTH WITH DISABILITIES (NICHCY)
PO Box 1492
Washington, DC 20013
800/695-0285 (V/TTY)
703/893-6061

NATIONAL SPORTS CENTER FOR THE DISABLED
PO Box 36
Winter Park, CO 80482
970/726-5514

YMCA OF THE USA
5433 David Drive
Kenner, LA 70065
800/833-4952

PHYSICAL EDUCATION

NATIONAL ASSOCIATION FOR SPORT AND PHYSICAL EDUCATION, AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE (AAHPERD)
1900 Association Drive
Reston VA 22091
703/476-3461
Provides information to physical educators and others who are interested in developing quality Physical Education and recreation programming. Every state has an Alliance with an Adapted Physical Education Branch. Call the number above to identify the Alliance in your local area.

A TEACHER'S GUIDE TO INCLUDING STUDENTS WITH DISABILITIES IN REGULAR PHYSICAL EDUCATION (1984)
Martin E. Block
Paul H. Brookes Publishing Co.
PO Box 10624
Baltimore, MD
212/85-0624

TOYS AND GAMES

THE BEST TOYS, BOOKS & VIDEOS FOR KIDS
Joanne and Stephanie Oppenheim
Harper Collins, Publisher
More than 100 suggestions on how to easily adapt ordinary toys for kids with special needs.

DISCOVERY TOYS
1649 N. Mozart
Chicago, IL 60647
312/489-0141

FLAGHOUSE, INC.
Special Populations
150 North MacQuesten Parkway, Dept. 96743
Mt. Vernon, NY 10550
800/793-7900
Equipment, furniture, toys, games, and teaching products to be used in therapeutic and inclusive settings.

GAME TIME, INC.
101 Kingsberry Road
PO Box 121
Ft. Payne, AL 35967
800/235-2440 or 205/845-5610

GUIDE TO TOYS FOR CHILDREN
WHO ARE BLIND OR VISUALLY IMPAIRED
A joint initiative of Toy Manufacturers of America and the American
Foundation for the Blind
800/851-9955
Toys selected for their interest to children who are blind or visually impaired. This is a free guide and not a catalog; you cannot place orders from this guide.

THE NEW GAMES BOOK, and
MORE NEW GAMES
Andrew Fluegelman and the New Games Foundation
Dolphin Books/ Doubleday and Co. New York
These books describe numerous games and activities that stress cooperative play. Many of the games use simple or no equipment and can be played in a variety of environments.

RECREATION EQUIPMENT, UNLIMITED INC.
Box 4700
Pittsburgh, PA 15206
412/362-3000

SPORTIME
1 Sport Time Way
Atlanta, GA 30340
800/444-5700

TECH TOT LIBRARIES
Carolyn McMeekin, Program Services Dept.
United Cerebral Palsy Association
1660 L Street NW, Suite 700
Washington, DC 20036-5602
800/USA-5UCP (872-5827) (v) or 202/776-0406 (TTY)
Parent-run libraries for families who want to borrow equipment for their children with disabilities. The toys, computers, switches and other materials are for children and families to use at home. The libraries are usually staffed by parents who use the technology with their own children. For the library in your area or if you are interested in starting one, contact Carolyn McMeekin.

TOY GUIDE FOR DIFFERENTLY-ABLED KIDS
National Parent Network on Disabilities
1600 Prince Street, #115
Alexandria, VA 22314
703/684-6763 (V/TTY)
Toys shown are available in most commercial toy stores and can be enjoyed by kids with and without disabilities. Each toy is rated in as clear and understandable way for developmental benefits, educational value and play value.

USA TOY LIBRARY ASSOCIATION
2530 Crawford Avenue, Suite 11
Evanston, IL 60201
708/864-3330
For assistance in identifying appropriate games and toys for individuals.

Year 2
Direct Support Professional Training

Resource Guide

Session #10

Wellness: Medication

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	**Wellness: Medication**	**3 hours**
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

In this session, the key words are:

- Prescription
- Physician
- Pharmacy/Pharmacist
- Medication
- Self-Administration of Medication
- PRN
- Over-the-Counter
- Side Effects
- Drug Interactions (including food and alcohol)
- Ophthalmic
- Otic
- Medication Errors
- Documentation

Cautionary Statement

The material in this module is not intended to be used as advice on matters pertaining to the prescription of medications. Medical advice should be obtained from a licensed physician. This module highlights knowledge of common medications, assistance in self-administration, medication interactions and documentation. We urge you to talk with physicians, pharmacists, nurses, dietitians, and other safety and health care professionals to broaden your understanding of the fundamentals covered in this module.

Information Brief

Medications

All medications for people living in a licensed community care facility require a written physician's order. This includes both prescription and non-prescription medications. Prescription medications are medications which by law must be ordered by a physician. Non-prescription medication includes over-the-counter medications, vitamin supplements and herbal remedies. From now on, we will refer to non-prescription medications as over-the-counter medications.

For every prescription and over-the-counter medication for which the DSP provides assistance, there shall be a signed, dated, written order from a physician on a prescription blank which is maintained in the individual's file and a label on the medication. A physician's written order and a medication label are always provided for prescription medications. In community care licensed facilities, a physicians's written order and medication label are *also required* for over-the-counter medications (such as Tylenol). **In a community care facility, prescription and over-the-counter medications are treated in a similar manner.**

PRN medications include prescription and over-the-counter medications. PRN medications must always be ordered by a physician. Community Care Licensing has established specific requirements for staff to assist individuals

Your Notes

with self-administration of PRN medications. The requirements are different depending upon the needs of the individual. Individual needs are specified as follows:

1. Individuals who can determine and clearly communicate the need for the PRN medication

2. Individuals who cannot indicate the need for the PRN medication, but can communicate symptoms

3. Individuals who cannot determine the need and cannot communicate the symptoms for the need for the PRN medication

4. Children with PRN medications

For individuals who can determine and clearly communicate the need for the PRN medication there must be:

1. Signed and dated written order by the physician which is maintained in the individual's record

2. Written physician statement that indicates that the individual can determine and clearly communicate the need for the medication

3. Physician order and medication label that includes

    - Specific symptoms that indicate the need for the medication

    - Exact dosage

    - Minimum hours between dosage

Your Notes

- Maximum doses to be given in a 24 hour period

For individuals who cannot indicate the need for the PRN medication, but can communicate symptoms there must be:

1. Signed and dated written order by the physician

2. Written physician statement that the individual cannot indicate the need for the PRN medication but can communicate his or her symptoms clearly

3. Physician order and medication label that includes

    - Specific symptoms that indicate the need for the medication which is maintained in the individual's record

    - Exact dosage

    - Minimum hours between dosage

    - Maximum doses to be given in a 24 hour period

4. A record of each dosage given that includes the date, time and dosage taken and the individual's response

For individuals who cannot determine the need and cannot communicate the symptoms for the need for the PRN medication there must be:

1. A physician order and medication label that includes

Your Notes

- Specific symptoms that indicate the need for the medication which is maintained in the individual's record
- Exact dosage
- Minimum hours between dosage
- Maximum doses to be given in a 24 hour period

And the DSP must:

2. Contact the individual's physician before giving each dose, describe the individual's symptoms, and receive direction to assist the individual with each dose
3. The DSP must record the date and time of each contact with the physician and the physician's directions and maintain in the individual's record
4. Record each dosage given that includes the date, time and dosage taken and the individual's response

In a Small Family Home for children, the DSP may assist the child with a PRN medication under the following conditions:

1. The physician has provided a signed and dated written order that includes written instructions for its use
2. Written instructions include the name of the child, the name of the PRN medication, instructions regarding when the medication

Your Notes

should be stopped, and an indication when the physician should be contacted for reevaluation

3. The physician order and medication label should also include:

- Specific symptoms that indicate the need for the medication which is maintained in the individual's record
- Exact dosage
- Minimum hours between dosage
- Maximum doses to be given in a 24 hour period

4. The DSP must record the date and time of each contact with the physician and the physician's directions and maintain in the child's record

5. Record each dosage given that includes the date, time and dosage taken and the individual's response

Your Notes

Information Brief

Basic Pharmacology

On the following page are some common symbols and abbreviations used in medicine.

Oral medications are usually administered in mg (milligrams) or gm (grams), whereas liquid medications are prescribed in ml (milliliters), cc (centimeters), or oz (ounces). They may also be given in tsp (teaspoons) or tbsp (tablespoons). Sometimes oral medications, which are in granules, will also be prescribed in tsp, or tbsp.

An oral medication may be prescribed as:

> Depakene 250mg, 1 tablet 4 times a day (q.i.d.)

A liquid medication may be prescribed as:

> Depakene 250mg/5 cc. Give 5 cc 4 times a day (q.i.d.)

An example of a prescription for a medication supplied in granules is:

> 1 rounded teaspoon twice daily (b.i.d.) Take with at least 8 oz. of cool liquid.

If an individual is taking Depakene 250 mg, 1 tablet 4 times a day, how many milligrams are being taken per day? **(Answer: 1,000 milligrams)** If the prescription is for Depakene 250 mg, 1 tablet, twice daily, how many milligrams are being taken per day? **(Answer: 500 milligrams)** It is good to know the exact daily dosage.

Your Notes

Abbreviations and Symbols

q. (Q) = Every
Oz. = Ounce
d. = Day
tsp. = Teaspoon (or 5 ml.)
h. = Hour
Tbsp. = Tablespoon (3 tsp., or 15 ml.)
b.i.d. = Twice a day
gr. = grains
t.i.d. = Three times a day
mg. = milligrams
q.i.d. = Four times a day

GM, gm. = grams (1,000 mg.)
h.s. (HS) = Hour of sleep (bedtime)
Cap = Capsule
p.r.n. = when necessary, or as needed
Tab = Tablet
A.M. = Morning
OTC = Over-the-counter
P.M. = Afternoon/evening
Rx = Prescription
Qty = Quantity

This is the information the DSP should find and is required on every medication label:

- Patient's Name;
- Prescriber's Name;
- Date prescribed (or filled);
- Name of the medication;
- Strength;
- Directions for how to use the medication;
- Quantity in the prescription;
- Expiration date; and
- Other information (e.g., Prescription #; pharmacy; refills; etc.)

If a label doesn't have all the necessary information, ask the pharmacist (or the physician) to add the needed information. Do not "scratch out" or write over or change a drug label in any way. Labeling may only be carried out by a licensed pharmacist according to Federal and State Guidelines. The label may not be altered by the DSP in any way.

Prescription labels with written instructions by the physician must also be provided for PRN and over-the-counter medication. Look at the label on the next page.

What is the patient's name?

What is the name of the prescriber?

Your Notes

Best Med Pharmacy

RX 577524 **Dr. Boyd**

Patient: Jane Smith **07/01/00**

Amoxicillin, 500 mg. **#30 capsules**

Take 1 capsule 3 times daily for 10 days

Expires 07/31/01

No Refills

What date was the prescription filled?

What is the medication dose?

How many pills does Jane take each day?

There are also various warning labels which may appear on a prescription or over-the-counter medication. What are some of the other warning labels you may have seen on medications? Examples include:

- For External Use Only
- Medication Should Be Taken With Plenty Of Water
- Do Not Take With Dairy Products, Antacids Or Iron Preparations Within One Hour Of This Medication
- Finish All This Medication Unless Otherwise Directed By Prescriber
- May Cause Discoloration Of The Urine Or Feces
- May Cause Dizziness Or Drowsiness
- Take Medication On An Empty Stomach 1 Hour Before Or 2 Hours After A Meal Unless Otherwise Directed By Your Doctor
- It May Be Advisable To Drink A Full Glass Of Orange Juice Or Eat A Banana Daily While Taking This Medication

Have you ever been given sample medication? Sample medications may be

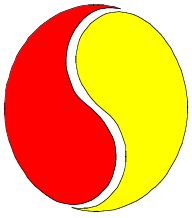
Your Notes

used if given by the prescribing physician. Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

Another important thing to keep in mind is that all medications have both a trade name and a generic name. The trade name, or the brand name, is the name given by the manufacturer, such as Tylenol. The generic name is the name given by the federal government. The generic name for Tylenol is acetaminophen.

Usually the trade name is capitalized, such as Advil, but not the generic name, which in this case is ibuprofen. **It is important to know both names of the medications that a consumer is taking. Many times overdoses of medications have been given, because a person did not know that both medications were the same.** This can happen if more than one physician is prescribing medication, or if the pharmacy fills a new prescription by one name, while the old prescription was filled by the other name.

What should the DSP do if he or she sees that two prescriptions have been written for the same drug? (Answer: notify the physician) The prescription might be under the same trade or generic name or under different names. For example, one under the trade name and one under the generic name.



Your Notes

Information Brief

Five Rights of Assisting with the Self-Administration of Medication

The Five Rights of Assisting with Self-Administration of Medication include:

1. **Right Person**
   When assisting an individual with any medication, it is essential to know the person. You may ask the individual, "What is your name?" Do not say, "Are you John Jones?" Some consumers may say "Yes" to any question asked. If uncertain of the individual's name or identity, consult another staff member, who knows the individual, before assisting him or her with self-administration of any medication. Stay with the individual until certain that he or she has taken the medication.

2. **Right Medication**
   Always check the name of the medication and the person on the pharmacy label. Make sure you are giving the right medication to the right person. Read the label three times and compare it to the medication ordered.

   - The first check is when you removed the medication from the storage area.

Your Notes

- The second check is when you remove the medication from its original container.

- The third check is just before you assist the individual with self-administration of the medication.

3. **Right Dose**
   Read the pharmacy label for the correct dosage. Be alert to any changes in the dosage.

   - Question the use of multiple tablets to provide a single dose of medicine.

   - Question any change in the color, size, or form of medication.

   - Be suspicious of any sudden large increases in medication dosages.

4. **Right Time**
   Medication must be taken at a specific time of the day. Check the pharmacy label for the directions as to how often the medication should be taken.

   - How long has it been since the last medication?

   - Are foods or liquids to be taken with the medication?

   - Are there certain foods or liquids to avoid when taking the medication? Is there a certain period of time to take the medication in relation to foods or liquids?

Your Notes

- Is it the right time of day, such as a.m. or p.m.?

5. Right Route

The pharmacy label should state the appropriate route for self-administering the prescribed medication. Remember to always check the medication label carefully. If you have any doubt as to whether the medication is in the correct form as ordered or can be self-administered as directed, consult with the prescribing physician or your pharmacist.

In the case of pills (tablets, capsules, etc.), liquids, under the tongue (sublingual), or between the teeth and cheek (buccal), the right route is "oral." This means that the medication enters the body through the mouth.

Other routes include oral inhalers; nasal sprays; topical, which includes dermal patches or ointments to be applied to the skin; eye drops (ophthalmic) and ear (otic) drops.

Other more intrusive routes, such as intravenous administrations, intramuscular or subcutaneous injections, rectal and vaginal suppositories, or enemas are only to be administered by a licensed healthcare professional.

In some cases, an individual in an Adult Residential Facility may inject their own medication. If an adult is to self-administer an injectable medication (for example, insulin for diabetes), a physician must provide a written statement that a person is capable of doing so.

Your Notes

If an individual takes his or her own medication independently, the medication must still be properly stored in a locked cabinet.

Your Notes

Information Brief

Documentation and Medication Errors

Now we're going to be discussing documentation of medications. T**o avoid errors, it is advised that pre-made labels from the pharmacy be placed on the Medication Log.** Some pharmacies may also provide the medication log with the prescriptions already typed on the sheet. This is also acceptable. When possible, appropriate pre-made warning labels will also be placed on the Medication Log (such as "take with food"). **A new prescription and label must be obtained each time a medication dosage is increased or decreased.**

There are several types of Medication Logs. Whatever type your agency uses, the Five Rights should be easily identified on the form. This information must be clearly written on the pre-made label from the pharmacy. **The Medication Log will usually have a box or place for the DSP who is assisting with administration of medication to sign his or her initials. This must be done at the time the medication is taken by the individual, not before, and not hours later.**

Generally, if a medication is ordered only once a day, it is usually given in the morning, around 8:00 or 9:00, unless it is ordered at bedtime. Some medications may be ordered before or after meals. It is important to check every medication. Often medications ordered twice a day are given in the morning and around dinner time, but some may be given in the morning and at bedtime. Again it is

Your Notes

important to check the order to see if it makes a difference. Three times a day are often 9 a.m., 1:00 p.m. and 5:00 p.m., and four times a day are frequently 9 a.m., 1:00 p.m., 5:00 p.m. and 9:00 p.m. But always check the order. Medications ordered every 6 hours, must be given 6 hours apart, such as 6 a.m., 12:00 noon, 6 p.m. and 12:00 midnight. You may always ask the pharmacist to write the suggested times on the pre-made labels.

What is a medication error? Ask students to explain to the class what each error means. Examples could include:

Wrong Person: John took Sara's cough syrup

Wrong Dosage: Jean took two tablets instead of one

Wrong Time: Fred took his evening capsule in the morning

Wrong Route: Matt used his eye drops for his runny nose

Not Taken At All: Sally went to work and did not take her morning seizure medication

Remember: It is very important to report all medication errors to the prescribing physician. Medication errors also require that a Special Incident Report be sent to Community Care Licensing and the Regional Center.

Your Notes

Information Brief

Common Medications, Side Effects and Drug Interactions

Now let's talk about common medications often prescribed for individuals with developmental disabilities. **Since developmental disabilities usually involve the central nervous system, most drugs that are prescribed for people with developmental disabilities affect the central nervous system.**

For example, you will see a number of prescribed medications for the prevention of seizures. This is called anticonvulsant medication. As you may remember, seizures are caused by uncontrolled discharges in the brain and are common in people with developmental disabilities.

Another category of drugs which affect the central nervous system are psychotropic medications. These drugs are intended to affect thinking or feeling and are taken by many people with developmental disabilities. These drugs are often categorized as anti-anxiety agents, anti-depression agents, and anti-psychotic agents. Anti-anxiety agents are used to reduce anxiety or anxiousness. Here are some examples.

Anti-depression drugs which are used to treat depression. Anti-psychotic drugs are used to treat a variety of psychiatric disorders such as hallucinations and mood disorders**.**

Your Notes

"Side effects" are effects produced by a medication other than the intended effect. Side effects are usually undesired effects of the drug. Whether or not the desired effect occurs, for example, control of seizures, there is always the possibility that undesired side effects will occur. Side effects may be predictable, for example, drowsiness with seizure medication, or a side effect may be entirely unexpected and unpredictable. Side effects may be harmless, such as urine discoloration when taking Dilantin. Side effects, such as a severe allergic reaction to penicillin, may also be potentially fatal.

WHEN A PERSON HAS A KNOWN ALLERGY TO A MEDICATION, ALL RECORDS MUST BE MARKED.

Some examples of side effects include: dizziness, drowsiness, confusion, insomnia, psychosis, slurred speech, blurred vision, nervousness, constipation, tics, restlessness, dry mouth. As you can see, these side effects are a combination of physical and behavioral changes. Physical and behavioral changes that are due to the effects of the medication (side effects) are often difficult to sort out from those that are not due to the medication.

Interpretation (deciding the meaning) of a sign or symptom is the responsibility of the physician. **Your responsibility as the DSP is to consistently and accurately observe, report and record any change in physical conditions or behavior.**

As the DSP you need to know what medications are being used by people in the home where you work and learn about them. Know what possible side effects may occur, and be sure to ask the physician what kind of reactions should be

Your Notes

brought immediately to his attention. Write the information from the physician or pharmacist in the individual's record. All DSP need to know about die effects and what to look for when individuals self-administer medication.

Every time a new medication is prescribed, the DSP should ask the pharmacist for a copy of the medication information sheet. The DSP should also ask the pharmacist to review the information sheet. The medication information sheet should be kept for future reference in the individual's record.

It is the DSPs responsibility to clearly understand the medication and both desired and undesired (side effects) of the medication. It is recommended that, in talking to the physician and pharmacist, the DSP use the Medication Safety Guidelines tool to be sure that all necessary questions about the medication are answered. Any time you have questions, don't hesitate to contact the physician or pharmacist about the medication.

Don't be bashful! Get to know your pharmacist. **It is recommended that each facility use only one pharmacy. This enables the DSP to develop a relationship with the pharmacy, and the pharmacy to get to know the medication histories of the individuals living in the home.**

Adverse reactions or side effects may be caused by the interaction of medications or interaction with foods or alcohol. The effectiveness of drug may be increased or decreased by adding other medications. For example, if Tagamet (for treatment of ulcers) is given with Dilantin

Your Notes

(used to control seizures), the blood levels of Dilantin may be increased to toxic or dangerous levels. Anti-biotics may reduce the effectiveness of oral contraceptives.

Alcohol in combination with anti-anxiety drugs such as Librium, Valium, or Xanax can be dangerous. Blood pressure medicine worth grapefruit juice can make a person sick. Once again, it is the DSPs responsibility to ask questions and get all the necessary information about the medications, including information about possible drug and food interactions, that individuals are taking.

Your Notes

Information Brief

Role of the DSP

The following are important skills that the DSP needs to know to assist individuals with the safe self-administration of medications:

- **IDENTIFY** and Report Symptoms Accurately and Completely
- **KNOW THE PERSON!** This includes the person's past medical and life history, medications used in the past, what worked and what didn't.
- **UNDERSTAND** what drug(s) is being used and why
- **HAVE KNOWLEDGE** about possible drug side effects and interactions with other drugs and food
- **CONTINUOUSLY** Observe the person's condition and evaluate response to the treatment program

Your Notes

Information Brief

Assisting with Self-Administration of Medication

Now we will discuss procedures for the DSP to follow when assisting with self-administration of medications. **Remember, before a DSP can assist with any medication, prescription or over-the-counter medication, there must be a written, dated, and signed physician's order in the individual's record.**

Only one DSP should be assisting an individual with medications at any given time. That DSP should complete the entire process of assisting an individual with self-administration of medication from beginning to end. Never hand a medication to one person to pass on to another. The DSP should always prepare medication in a clean, well-lit, quiet area. Allow plenty of time, avoid rushing and stay focused.

While Community Care Licensing regulations permit the set up of medications up to 24 hours in advance, there are many potential problems with this practice.

Can you think of some of the problems with setting up medications in advance? **Answers:** wrong person, wrong medication, wrong dose.

Your Notes

To avoid errors, it is recommended that set up of medications be done immediately before assisting an individual with self-administration of medications.

The following are the steps to be taken when assisting an individual with self-administration of medication.

The DSP:

1. Washes his or her hands

2. Helps the individual wash his or her hands

   Hand washing reduces risk of contamination.

3. Gathers supplies, including medication log, labeled container, glass of water, straws, paper cup and other necessary items

4. Checks the Five Rights
   Right Person
   Right Medication
   Right Dose
   Right Time
   Right Route

   Checking for the Five Rights reduces medication errors.

5. Pours the correct dose into the cap and then into a labeled medication paper cup

6. Again, checks the Five Rights
   Right Person
   Right Medication
   Right Dose
   Right Time
   Right Route

Your Notes

7. Talks with the individual about the medication

   Talk to the individual about what you are doing and why. This is a good time for the individual to learn about the medication that they are taking.

8. Again, checks the Five Rights.
   Right Person
   Right Medication
   Right Dose
   Right Time
   Right Route

9. Places the medication within the individual's reach.

10. Offers a glass of water (at least 4 oz.)

11. Makes sure that the individual swallows the medication.

    Stay with the individual until you are certain that they have taken the medication.

12. Documents that medication was taken on the Medication Log

13. Returns the container to the proper locked storage area

14. Observes for Side Effects

15. Reports Side Effects to Physician

Your Notes

Assisting with Tablets, Capsules, and Liquids

Always ask the physician (and pharmacist) to give you the medicine in the proper form for the individual based upon their needs and preferences. For example, one person may have difficulty swallowing capsules and prefer liquid medication, while another may prefer capsules.

Ask for help from the prescribing physician or pharmacist if you are unsure about any step in the preparation of, assistance with, or documentation of medications.

For medications in tablet or capsule (pill) form follow all of the steps in the procedures for self-administration of medications. When assisting with capsules or tablets, the following additional steps should be taken:

1. Pour (or punch out, if bubble pack) the correct dose into the bottle cap and THEN into the container used for holding the tablets or capsules before the person takes them. The container should be labeled with persons name. It is recommended that the DSP use a disposable paper cup for the container. If too many pills pour out, return the pills from the bottle cap into the container. If using a bubble pack, punch out the covered dose into the container.

2. Again check the medication label to assure the ordered dosage has been removed from the labeled container.

3. When assisting the person who is taking the pills, always provide a glass of water. If pills are not taken with liquids they can irritate the throat and intestinal tract and they may not be correctly absorbed. Again, check the pharmacy label. Some medications must be taken with FOOD, and there may be other special instructions.

If someone has problems taking the capsule or tablet the DSP might:

- Ask the physician if the medication is available in liquid or chewable forms.

- Ask physician if medication can be crushed.

- Recommend to the person that he or she take a small sip of water before placing the pill in the mouth can make swallowing the capsule or tablet easier.

- Recommend to the person that he or she tilt their head forward slightly and take a drink of water. This might make swallowing easier. (Throwing the head back may increase the risk of choking.)

Assisting with Liquid Medications

For medications in liquid form, follow all of the procedures for self-administration of medications. When assisting with liquid medications, these additional steps should be taken:

1. Check the label for any directions to "shake well" and do so if indicated.

2. Remove the cap from the bottle and place it upside down on the work surface.

3. The liquid medication should come with a measuring device such as a spoon or cup. If there is no measuring device available, check with your pharmacist or physician to determine exactly how the medication should be measured. Be sure to use a cup with markings, or specially-designed spoon with markings, or a fluid syringe (without needle) with clear markings, when taking teaspoons and tablespoons of a liquid medication. Regular eating spoons (metal or plastic) are simply not accurate enough.

4. Locate the marking for the ordered amount on your medicine cup or other measuring device. Keeping your thumbnail on the mark, hold the cup at eye level and pour the correct amount of medication. (Accuracy is important, so you may want to place the cup on a flat surface to pour and measure. Pour the medication away from the label to prevent staining same with any spills.)

5. If too much liquid is poured, do not return it to the bottle — discard it.

6. After pouring the medication, double check that the amount is the amount that has been indicated on the label.

7. Wipe the lip of the bottle with a clean, damp paper towel before replacing the cap.

8. If any liquid is spilled on the outside of the bottle, also wipe with a clean paper towel.

9. Provide water after the liquid has been swallowed. Again, check the pharmacy label for any special instructions.

10. Wash the measuring device with warm water and air dry on a paper towel.

What if an individual does not swallow medications with an adequate amount of water?

- If the individual has difficulty drinking or swallowing liquids, ask the physician or pharmacist about these alternatives:

- Jell-O that is semi-liquid or jelled.

- Apple juice or other medication-compatible juice thickened with cornstarch or other thickening agent.

If the person has difficulty taking liquid medications, the DSP might:

- Give the individual a straw to use to decrease spillage and bad taste
- Give the person ice chips to suck on just before taking the medication. This will often help mask the bad taste
- Ask physician or pharmacist if medication can be diluted to cover a bad taste
- Ask physician or pharmacist if there is another medication-compatible juice that can be used (for example, apple juice)

Let's review and learn some additional best practices about what we know about tablets capsules and liquid medication.

- NEVER crush any kinds of tablets unless the prescribing physician has given specific directions to do so.

  DO NOT open capsules and empty out the contents.]

- It is okay to hide medication in food or liquid.

  Never try to disguise a medication by putting it in food or liquid.]

- Swallowing capsules with water is helpful.
- Altering the form of capsules or tablets may have an impact on their effectiveness by changing the way a person's body absorbs them.

If there is any question about what is safe to do, contact the prescribing physician or pharmacist.

- Any food can be taken with medication.

  Some foods can change the way certain medications work. Read the medication label, it may tell you what to avoid.]

For liquid medications:

- Check the label for any directions to "shake well" and do so if indicated.]

  The liquid medication should come with a measuring device such as a spoon or cup. If there is no measuring device available, check with your pharmacist or physician to determine exactly how the medication should be measured. Be sure to use a cup with markings, or specially-designed spoon with markings, or a fluid syringe (without needle) with clear markings, when taking teaspoons and tablespoons of a liquid medication. Regular eating spoons (metal or plastic) are simply not accurate enough.]

- Locate the marking for the ordered amount on your medicine cup or other measuring device. Accuracy is important, so you may want to place the cup on a flat surface to pour and measure. Pour the medication away from the label to prevent staining same with any spills.

- If too much liquid is poured, do not return it to the bottle — discard it.]

Your Notes

- After pouring the medication, double check that the amount is the amount that has been indicated on the label.
- Wipe the lip of the bottle with a clean, damp paper towel before replacing the cap.
- If any liquid is spilled on the outside of the bottle, also wipe with a clean paper towel.
- Provide water after the liquid has been swallowed. Again, check the pharmacy label for any special instructions.]
- Wash the measuring device with warm water and air dry on a paper towel.

Your Notes

Key Word Dictionary
Wellness: Medication
Session #10

Documentation
Documentation is the written recording of events, observations and care provided.

Drug (Medication) Interactions
Drug interactions are the pharmacological result, either desirable or undesirable, of drugs interacting with themselves, other drugs, foods, alcohol, or other substances, such as herbs or other nutrients.

Generic Name
Generic name is the name given by the federal government to a drug.

Medication Error
Medication error is any time that the right medications is not administered to the right person in the right amount at the right time and by the right route or method (as prescribed).

Medications
Medications are substances taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure.

Ophthalmic
Ophthalmic refers to the eyes.

Otic
Otic refers to the ears.

Over-the-Counter Medications
Over-the-counter medications which can be purchased without a prescription.

Pharmacy
Pharmacy is the practice of preparing and dispensing drugs. The physical building where drugs are dispensed is also referred to as the pharmacy or drug store.

Pharmacist
Pharmacist is a licensed individual who prepares and dispenses drugs and is knowledgeable about their contents.

Physicians
Physicians are medical doctors.

Prescription Medications
Prescription medications must be ordered by a physician (or other person with authority to write prescriptions).

PRN
PRN (pro re nata) stands for as necessary.

Self-Administration
Self-administration of medications is the independent management of one's medication. Individuals must be able to recognize and understand why they are taking each medication.

Side Effects
Side effects are effects produced by the medication other than the one for which it was prescribed. Side effects may be desirable or undesirable, predictable or unpredictable, harmless or dangerous, sometimes even deadly (fatal).

Trade Name
Trade name, or brand name, is the name given by the manufacturer to a drug.

If You Want to Read More About
Wellness: Medication

The Pill Book: The Illustrated Guide to the Most-Prescribed Drugs in the United States (1998).
by Silverman, Harold M., editor. Bantam Books.

The Pill Book Guide to Over-The-Counter Medications (1997).
by Rapp, Robert P., editor. Bantam Books.

The American Pharmaceutical Association's Guide to Prescription Drugs (1998).
by Sullivan, Donald. Signet, Penguin Putnam, Inc.

The PDR Family Guide to Over-The-Counter Drugs (1997).
Ballantine Books.

Dangerous Drug Interactions (1999)
by Graedon, Joe and Graedon, Teresa. St. Martin's Paperbacks.

Nursing Drug Handbook (2000).
by Hodgson, Barbara B. and Kizior, Robert J. Saunders, W.B.

Worksheets and Activities

Activity:
Medication Label

Rite Med Pharmacy

RX 732561 **Dr. Jones**
Patient: John Doe **01/02/01**

Prilosec, 20 mg. **#30 capsules**
Take 1 capsule 1 time daily

Expires 01/31/02
3 Refills

Fill in the blanks

Person: _____
Medication: _____
Dose: _____
Time: _____
Route: _____

Medication Log

Name: J. Doe

Molina Family Home, 123 Main Street, Any City, CA 90000 (Ph: 123-4567)

Insurance: ❑ Medi-Cal • ❑ Medicare • Insurance No.______________

Drug/Strength/Form/Dose	Hour	Month & Year (MM/YY) __________ & Date																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Primary care physician:______________ Pharmacy:______________

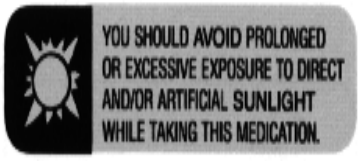
Legend: Initials means given. Meds given at . . . D=day program • H=Relative or friend's home • E=Elsewhere

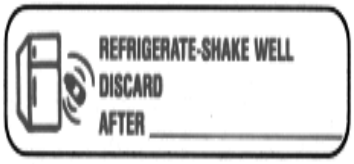
Signatures & initials: __ for __________ __ for __________ __ for __________

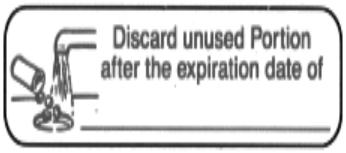
Notes & comments: *(Suggest color-coding times of day with light highlighter.)*

Allergies

Common Label Warnings







Activities for Documenting Medication Errors

SCENARIO 1

You are working as a DSP on the evening shift in a small family home with 6 adult residents. This morning, a new resident, Ruth Ann Jones, age 55, moved in. Ruth Ann is diagnosed with mental retardation, cause unknown. You are assisting with the evening medications, and this is the first time you will be assisting Ruth Ann. When you look at the MAR, you notice that Ruth Ann is on many medications. These include:

Prilosec 20 mg daily;
Prozac 20 mg twice daily (am and noon);
Haldol 2.0 mg 3 times a day;
Inderal 40 mg 3 times a day;
Peri-Colace 2 capsules at bedtime

You prepare the medications and assist Ruth Ann in taking them. When you sit down to document the medications given, you notice that only two, Haldol and Inderal, were to be given at 5:00 p.m. You gave the four medications ordered for earlier in the day, which included Prilosec and Prozac, as well as Haldol and Inderal.

Which one of the 5 rights was not checked correctly?

What should you do?

SCENARIO 2

You are a DSP working in a 6 bed community care facility for adults. You have set up morning medications and enter George's room to assist him with his medication. Just as you enter the room, another resident, Jack, interrupts you and needs your assistance. You set George's medication on the night stand and step aside to assist Jack. When you turn back, you see Mike, George's roommate just finishing George's medication.

Which of the 5 rights were not checked correctly?

What should you do?

SCENARIO 3

You are a DSP working in a small family home for children under the age of 18. You have 6 children in your home under the age of 8. You have prepared the medications for Sarah, 2 years old, which include: Proventil Syrup 2mg/5ml, 5ml daily; Tegretol 100mg/5ml, 5 ml twice daily; Cisapride 1mg/1ml, 3 ml four times a day, before meals and before sleep. It is 8:00 a.m. You administer 5 ml of each medication to Sarah. When you document on the MAR, you notice that Cisapride was ordered 3 ml four times a day.

Which of the 5 rights were not checked correctly?

What should you do?

Medication Safety Guidelines

Dear Physician/Pharmacist

To assist me in taking my medications properly, please help me answer these questions.

1. What is the name of my medication?
   Brand Name: _____
   Generic Name: _____

2. What is the medicine supposed to do?

3. What is the dose?

4. What time(s) should I take this medication?

5. Should I take this medication with food? Yes ___ No ___
   At least 1 hour before meals? Yes ___ No ___
   At least 2 hours after meals? Yes ___ No ___

6. Are there any food(s) I should avoid?

7. Are there any beverages/drinks (alcohol) I should avoid?

8. Are there any vitamins, herbs or supplements I should avoid?

9. What other medications should I avoid?

10. Are there any over-the-counter (OTC) medications I should avoid?

11. How long will it take for the medicine to start working?

12. Are there any symptoms so serious you would want to know about them immediately?

13. Are there any tests I should complete before starting the medication or while using it?

14. What side effects are common with my medicine?

15. If the medication being prescribed for a long period of time, are there any long-term effects?

.

Facility Name/Address/Phone: Molina Family Home, 123 Main Street, Any City, CA 90000 (Ph: 123-4567)

MEDICATION LOG

Name: Jacob Smith	Insurance Co: Medi-Cal	Insurance #:N/A	Medical #: 000111	" Medicare #: N/A

Drug/Strength/Form/Dose	Hour	Month & Year : Date: 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10387 Dr. Diaz Patient: Jacob Smith 05/15/01 TAKE ONE TABLET ORALLY AM FOR SEIZURES (8AM) Discard by: 06/01/02 Filled by: BRS QTY: 30 Refills: 2 TIGGYETOL 400 mg TABLET	8:00a																															
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10483 Dr. Anderson Patient: Jacob Smith 06/04/01 TAKE ONE TABLET ORALLY EVERY EIGHT HOURS FOR TEN DAYS FOR BRONCHITIS (8AM, 4PM, 12AM) Discard by: 07/01/02 Filled by: BRS QTY: 30 Refills: 0 AMAXICILLIN 250mg TABLET																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10484 Dr. Anderson Patient: Jacob Smith 06/04/01 Liquid: TAKE 5cc EVERY SIX HOURS FOR COUGH (2AM, 8AM, 2PM, 8PM) Discard by: 07/01/02 Filled by: BRS QTY: 100CC Refills: 0 RUBYTUSSIN																																

Primary care physician: Dr. Anderson Pharmacy: ABC Pharmacy Allergies: None

Legend : Initials Means Medication Given D=Day Program H=Relative or Friend's Home E=Elsewhere

Signatures and Initials:_____FOR_____ _____FOR_____

____FOR_____

MEDICATION ERROR LOG

Date	Time	Medication & Dosage (Erro or Omission)	What Happened, Consumer Response, and Actions Taken by Staff	Who was notified, e.g., Physician, Administrator, Emergency Services, etc.	Signature of person making report

INSTRUCTIONS FOR USE: Circle date and time of error or omission on reverse side. Complete report on each error or omission indicated on this page.

Direct Support Professional (DSP) Training
SKILL CHECK #1
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications
STUDENT INSTRUCTIONS

Directions:

Partner with another member of the class. Each partner should have a *Skill Check #1 Worksheet*. Using the *Worksheet*, practice all the steps in this skill. Have your partner check off each step you correctly complete (PARTNER CHECK). When you are comfortable that you are able to correctly complete all the steps without using the *Worksheet*, ask the teacher to complete the Teacher Check.

Reminders for Assisting With Self Administration:

- ALWAYS store medication in a locked cabinet and/or refrigerator
- NEVER leave medication unattended once it has been removed from the locked storage area
- ALWAYS check for known allergies
- ALWAYS read the medication label carefully and note any warning labels
- Assist only with medication from labeled containers
- Assist only with medication that you have prepared

HELPFUL HINT

*When completing this skill check, remember that you are checking the "**FIVE** Rights" **THREE** Times by reading the medication label and comparing to the Medication Log.*

- **The first check** is when you remove the medication from the locked storage area or storage container.
- **The second check** is when you remove the medication from its original labeled container.
- **The third check** is just before you assist the person with self administration.

COMPETENCY: Each student is required to complete *Skill Check #1 Worksheet, Assisting Individuals With Self-Administration of Tablets, Capsules and Liquid Medications*, with no errors in critical steps.

Revised 4/01/02

TEACHER_____ **STUDENT:** _____
DATE: _____

SKILL CHECK #1 WORKSHEET

Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

Scenario: The time is 8:00 a.m. in the morning. The date is the day of the class. The staff is assisting Jacob Smith with self administration of medication.

Please initial each step when completed correctly	**Partner Check**	**Teacher Check**		
		Attempt #1	**Attempt #2**	**Attempt #3**
STEPS		_____ **Date**	_____ **Date**	_____ **Date**
1. Help the person who you are assisting to wash his or her hands	_____	_____	_____	_____
2. Wash your hands	_____	_____	_____	_____
3. Get the Medication Log for the person you are assisting	_____	_____	_____	_____
4. Gather supplies: • The labeled medication storage unit with the medication containers • Paper cups for tablets and capsules, plastic calibrated measuring cup or medication spoon for liquid • Glass of water • Tissues • Pen	_____	_____	_____	_____
5. As you take each medication container from the person's storage unit, read the medication label and compare to the Medication Log for the:				
• Right Person	_____	_____	_____	_____
• Right Medication	_____	_____	_____	_____
• Right Dose	_____	_____	_____	_____
• Right Time Check the time on your watch/clock	_____	_____	_____	_____
• Right Route	_____	_____	_____	_____

SKILL CHECK #1 WORKSHEET

Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

Please initial each step when completed correctly	**Partner Check**	**Teacher Check**		
		Attempt #1	**Attempt #2**	**Attempt #3**
STEPS				
6. Again, as you prepare the medications, read the medication label and compare to the Medication Log for the:	_____	_____	_____	_____
• Right Person				
• Right Medication				
• Right Dose				
• Right Time Check the time on your watch/clock				
• Right Route				
7. For tablets or capsules, pour the correct dose into the lid of the container and then into a small paper cup	_____	_____	_____	_____
8. For bubblepacks, push tablets/capsules from the bubblepack into a small paper cup	_____	_____	_____	_____
9. For liquid medication, pour the correct dose into the plastic measuring cup held at eye level	_____	_____	_____	_____
• View the medication in the cup on a flat surface	_____	_____	_____	_____
• Pour away from the medication label to avoid spills	_____	_____	_____	_____
• If any spills on the bottle, wipe away	_____	_____	_____	_____
OR				
When using a measuring spoon:				
• Locate the marking for the dose	_____	_____	_____	_____
• Hold the device at eye level and fill to the correct dosage marking	_____	_____	_____	_____
• Pour away from the medication label to avoid spills	_____	_____	_____	_____
• If any spills on the bottle, wipe away	_____	_____	_____	_____

SKILL CHECK #1 WORKSHEET

Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

Please initial each step when completed correctly	**Partner Check**	**Teacher Check**		
		Attempt #1	**Attempt #2**	**Attempt #3**
STEPS				
10. Talk with the person you are assisting about what you are doing and about why he or she is taking each medication	_____	_____	_____	_____
11. Again, just before putting the medication within the person's reach, read the medication label and compare to the Medication Log for the: • Right Person • Right Medication • Right Dose • Right Time Check the time on your watch/clock • Right Route	_____	_____	_____	_____
12. Place the medication within the person's reach	_____	_____	_____	_____
13. Offer a glass of water	_____	_____	_____	_____
14. Make sure that the person takes the medication and drinks water	_____	_____	_____	_____
15. Record that the person took their medication by initialing the date and time in the proper box on the Medication Log	_____	_____	_____	_____
16. Return the medication containers and bubble pack to the person's storage unit. As you do so, read the labels to check that the person's name on the medication container label is the same as the name on the storage unit.	_____	_____	_____	_____

Direct Support Professional (DSP) Training

SKILL CHECK #1

Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

CERTIFICATION

This is to certify that (Name of Student)_____

correctly completed all of the steps for *Assisting Individuals With Self Administration of Tablets,Capsules and Liquids.*

Teacher Signature: _____Date :_____

Comments:_____

_____

_____

_____

Year 2
Direct Support Professional Training

Resource Guide

Session #11

Wellness: Promoting Good Health

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	**Wellness: Promoting Good Health**	**3 hours**
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Words

In this session, the key words are:

- Assess
- Health History
- Documenting
- Standard (Universal) Precautions
- Germs
- Infection
- Disinfect
- Signs and Symptoms
- Principles of Care
- Personal Care
- Dignity
- Privacy
- Mouth Care
- Plaque

Cautionary Statement

The material in this session is **not intended to be medical advice** on personal health matters. Medical advice should be obtained from a licensed physician. This session highlights several prevention and safety measures, recognizing signs and symptoms of illness, the importance of ongoing documentation and supporting individuals with personal hygiene. We urge you to talk with nurses, dietitians and other safety and health care professionals to increase your understanding of the fundamentals covered in this session. Each of the individuals you work with will have a variety of different support needs and you will want to be familiar with each of them.

Information Brief

What is a Health History and Why is It Important?

Each individual living in the home where you work should have a written Health History. It is especially important to have this written information when an individual first moves into your home. Just as necessary to having the history in the beginning, is the importance of keeping the information up-to-date or current during the time the individual lives in the home.

As a DSP you need to know the health history of every person with whom you work. You need to know what their health care needs or concerns are and if there are any special needs or concerns specific to an individual. It is important to know both past and present needs and concerns. You will always want to know where this information is physically kept in the home where you work.

A Health History should include at least the following pieces of information about the individual:

1. Information about past and present illness(s)
2. Family history of health care needs and illness(s)
3. History of medication(s)
4. The name, address and telephone number of the current physician(s) and dentist
5. List of known allergies

Your Notes

6. Copies of medical and dental reports
7. Family information (parents, siblings, where they live and who is the emergency contact)
8. The name, address and telephone number of the conservator or guardian (if appropriate)
9. A copy of conservator or guardianship papers (if appropriate)
10. The name, address and telephone number of the regional center service coordinator

The individual and their support team should develop the Health History. The best support team would be made up of people who know the individual well. Some of the people on a support team in addition to the individual might include; family members, health care providers such as the physician, dentist, nurse, physical therapist, psychiatrist, people who have provided care in the past, teachers, day care staff, job coaches, the regional center service coordinator and maybe a close friend. There might also be other people that have important information that could be included and that the individual wants to have as part of their support team.

The Health History is most often found in the individual's record. This record must be kept in the home where the individual lives. It is important that you know where this information is kept in the home where you work. There will be routine times when you will need to refer to this health history. For example, these routine times might be when preparing to take an individual to a medical or dental appointment, when providing assistance with medication, while checking for previous information about allergies when an individual has a new sign or symptom

Your Notes

you have observed or any other routine activities related to good health care.

Knowing where the individual health history is located will also be important when an emergency occurs. Often the medical person responding to the emergency will have questions related to the individual's past and present health care needs and concerns. You will want to have all of the information available.

The information in a health history is also important when planning to meet present and future health care needs with the individual. A health history is sometimes called a living document. It is both a record of old information and a record of changing information. As the health care needs of the individual change, the information in the health care record must reflect these changes and be updated to reflect current needs. This changing record, is a guide for the support team in assisting the individual to look at current and future health care needs.

Your Notes

Information Brief

Assessing Ongoing Health Care Needs

As a DSP, you have many opportunities throughout the day to assess an individual's health care needs. The word assess means to recognize changes in an individual. Changes can be anything that is different about the individual. As a DSP who knows the health history and daily routines of an individual, you also are the one most likely to recognize when there are changes. Often time's changes in an individual's daily routine may be a sign or symptom of an illness or injury. Keeping the individual's Health History up-to-date with these changes is important. Documenting changes can often identify a need as a new health care concern for the individual. As a DSP familiar with the individual's health history, you might also recognize a change as a health care concern that has happened in the past and needs special attention from a medical professional again.

There are four skills that a DSP can use to assess an individual for health care needs, or signs and symptoms of illness or injury. **The four skills used to assess an individual are listening, questioning, observing and documenting.**

LISTENING: The job of the DSP is to listen to the individual and make every effort to understand what the words or behaviors are communicating (telling). People communicate in many ways, both verbally (spoken) and non-verbally (behavior), or both. Some individuals can

Your Notes

verbally tell you how they are feeling. An individual might say, "I feel sick, my stomach hurts." Another individual who does not have words to tell you how they feel might use behavior as a way to let you know. Some ways this individual might communicate how they feel might include yelling, crying, screaming or acting differently. **If the individual cannot tell you when something has changed, the key is to look for changes in the ways a person is communicating. The change may mean that the person is ill or injured.**

QUESTIONING: The DSP may also need to ask the individual questions about their complaints, symptoms or behavior to get a better understanding of what the individual is trying to communicate. Knowing information about the individual from their health history will help you in asking questions. You may want to ask about any changes you have seen or suspect. Whether the individual has told you verbally that their stomach hurts, or is behaving in a manner that appears as though their stomach hurts (holding their stomach, poking at their stomach, grimacing, crying), asking questions is one way of getting more information. The DSP might ask the individual who can say their stomach hurts, questions such as: "How long has your stomach hurt or where does it hurt?" The DSP may be working with an individual whose behavior appears to communicate there is a change in how they feel and they cannot answer questions as to how they feel. Knowing where the health history is located and the information in the individual's health history may give you information that this individual behaves in a similar way when they have indigestion, or are constipated. The key is to recognize

Your Notes

the change and to get the necessary care the individual needs, including contacting the physician, your supervisor or in some cases, emergency assistance.

OBSERVING: The assessment skill of observation is very important. **Observing the individual may include using the eyes, nose or hands to recognize changes.** While the DSP is listening and asking questions because he or she has noticed a change in an individual's routine or health, they might also be observing the individual. The DSP may see redness of the skin, a tear-streaked face, swelling, limping or unusual drainage. The DSP may become aware of unusual or unpleasant odors coming from the individual's mouth, body or body fluids. The DSP might also be aware of the individual's skin as being warm or moist to the touch. These changes, or signs and symptoms may indicate illness, allergy or infection and medical attention may be needed. These changes, or signs and symptoms, may also be an indication of physical abuse. The DSP will need to get needed assistance for the individual, and follow reporting requirements.

Your Notes

SIGNS AND SYMPTOMS: There are many signs and symptoms that may indicate illness or injury. DSP need to pay close attention to any changes in both routine activities and the health of the individuals with whom they work. The DSP also needs to report these changes to the physician/dentist and supervisor and be sure that the individual receives early treatment.

Here are sets of signs and symptoms that may indicate illness or injury.

WOUND	Pain, swelling, redness, tenderness, pus and/or red streaks from the wound.
EYES	Redness, swelling of the eyelid, eyes burning or painful, discharge. Could be allergy if discharge is clear; infection likely if yellowish or greenish.
EARS	Pain, pulling at ear, redness, fever, diminished hearing, drainage possible.
THROAT	Pain with swallowing, refusal to eat, redness, possible whitish patches at back of throat, hoarse voice, possibly fever or skin rash.
TEETH	Pain, refusal to eat, facial or gum swelling, gum bleeding, fever.

Your Notes

RESPIRATORY SYSTEM	Cough, phlegm (mucous), shortness of breath or wheezing, fever. A fever or chills that develop near the end of a cold may indicate pneumonia. Fever with rash, stiff neck, headache, irritability or confusion may indicate meningitis. Nasal congestion with severe headache and pain in the nose, cheeks, or upper teeth may indicate sinus infection.
DIGESTIVE SYSTEM	Abdominal pain that keeps getting worse and is accompanied by vomiting loose stools, constipation and/or fever.
URINARY TRACT	Difficult urination, pain or burning, changes in urine color (clear to cloudy; light to dark yellow), fever. May also be vomiting and/or loose stools. Complaints of pain on one or both sides of the mid-back, fever, chills, nausea, and vomiting may indicate kidney infection.
TOXIC SHOCK SYNDROME	Women who develop fever, vomiting, diarrhea, rash, especially during menstruation.

Your Notes

VAGINAL INFECTION Vaginal discharge, itching, unusual odor, burning)

Remember: The job of the DSP is to recognize change and report the information to the appropriate professionals for diagnosis or determining the cause and necessary treatment.

DOCUMENTING: Documenting is the process of recording the changes in an individual's daily routine or health care needs that have been noted through the assessment skills of listening, questioning and observing. Documenting changes in the health history of the individuals with whom the DSP works is one of the best ways to keep a health history current. When documenting changes it is important that the DSP record accurate and clear information.

When recording what has been heard (Listening), be sure to write down only what the individual said. Bill said, "My stomach hurts." This is not the place for the DSP to document a personal opinion of where the individual hurts. If the DSP is recording a behavior they heard, be specific. "I heard Jane screaming. She was sitting on the couch and the screaming lasted for about two minutes."

If the DSP is recording answers to what they asked (Questioning) the individual, be as accurate as possible in noting the answers. Upon hearing from Bill that his stomach hurt the DSP asked several questions of Bill. The answers might be recorded like this: "Bill said his stomach had been hurting since breakfast and it really hurts bad." In the case where an

Your Notes

individual does not verbally respond to questions, the DSP might record that after they heard Jane screaming and asked her about the screaming, "she put her hands on her head and rocked."

Signs and symptoms that are assessed through the senses of sight, smell and touch (Observation) also need to be recorded with the facts only. When Bill told the DSP his stomach hurt, the DSP would also have recorded that he "Saw Bill pressing his hands and pushing on his stomach". The DSP working with the individual who was screaming might record that when he or she heard Jane screaming, "She was rocking back and forth on the couch and her forehead felt hot to the touch. She had a 99.9 degree F. temperature."

The DSP can assist the individual in obtaining the best in necessary medical and dental services by keeping accurate information about signs and symptoms current in each individual's health history. The DSP is key to ensuring each individual receives medical and dental services to meet their individual health care needs.

All of the information about an individual's health care needs which are gathered by LISTENING, QUESTIONING and OBSERVING should be DOCUMENTED clearly with the facts.

Your Notes

Information Brief

Reporting Signs and Symptoms

How does the DSP know when and what to report to the individual's physician, dentist, supervisor or other professionals?

When deciding what to report, the DSP should focus on the word CHANGE. The DSP should report any changes that he or she sees, hears, smells, or knows by touch, in the individual's mental, physical, emotional health or changes that appear in the individual's usual routine.

Always, when in doubt, report.

These are some guidelines for information that the DSP should report when he or she notices changes in an individual. In some situations the DSP will report to both the physician and/or dentist and to the DSP's supervisor**. Reporting changes is similar to recording changes. It is important that the facts are reported clearly in order to ensure the individual gets both the right health care and the care and assistance needed is provided in a timely manner**. Remember signs and symptoms (changes) are often the indication of an illness or injury.

- State what the individual claims is wrong
- Describe how the individual appears physically
- State when the symptoms first began or were noticed

Your Notes

- Describe any changes in the individual's eating habits
- Describe any changes in the individual's behavior
- Describe any vomiting, diarrhea or urinary problems
- Report any recent history of similar symptoms
- Provide list of current medications
- Provide list of known allergies
- Describe how injury happened
- Describe any visible bleeding or swelling, how much and how fast
- Describe any lack of movement or inability to move body parts
- Describe size of wound or injury
- Report pulse, temperature and blood pressure (if obtainable)
- State the facts

REMEMBER: If the *Reporting Guidelines* lead you to know or reasonably suspect the possibility of abuse or neglect of an individual, you must follow the reporting guidelines mandated by law. Refer to the Worksheet and Activities section of this *Resource Guide* for specific instructions.

Your Notes

Information Brief

How Germs Are Spread

There are millions of germs (microorganisms) that everyone is in contact with each day. Many of the germs are harmless and are needed for people's bodies to function in a healthy way. For example, certain kinds of germs or bacteria are needed for the digestion of food and for the elimination of waste products (feces and urine) from one's body. Other germs can cause illness or infection. It is important to remember that germs need warmth, moisture, darkness, oxygen and food to live and grow. When germs have caused illness or infection, it is known as contamination.

Knowing how germs are spread is very important. **When DSP know how germs are spread they can learn ways to help prevent the spread of germs that cause illness and infection.** The DSP can protect both themselves and the individuals with whom they work from germs or contamination.

The three most common ways that germs are spread in the environment are through:

1. Direct contact;
2. Indirect contact; and
3. Droplet spread.

The spread of germs through DIRECT CONTACT means that germs are spread from one person to another person. This happens when people touch one another and one of the persons has an infection such as a contagious rash, an open and infected sore or wound, body fluids that are full of germs (feces, urine)

Your Notes

and blood (HIV, Hepatitis B) or saliva that is contaminated. Germs spread through the bite of an insect can also cause illness and injury (Mosquitoes and malaria, ticks and Lyme Disease).

The spread of germs through INDIRECT CONTACT means that germs are spread from one person to an object to another person. Indirect contact is a common way for germs to spread between people who live, work and play together. The spread of germs through indirect contact can happen when eating contaminated food (E. coli, Salmonella), handling soiled linens and soiled equipment, using soiled utensils and cups and drinking or using contaminated water (Dysentery).

The spread of germs through DROPLET SPREAD means that germs are spread through the air. When people talk, cough or sneeze they are spreading germs through the air. (Common cold, flu, Tuberculosis).

Control the Spread of Germs

Knowing how germs are spread is only the first step in practicing infection control and preventing illness. Knowing how to control the spread of germs is the second step**. One should be careful not to transmit infection to others and equally important, one should be careful not to be infected by others.** There are many ways DSP can help control the spread of germs. Four important ways to prevent the spread of germs are:

1. Always Wash Your Hands
2. Know the Correct Precautions for Infection Control

Your Notes

3. Keep Yourself, the Individual and the Environment Clean
4. Be Aware of the Signs and Symptoms of Illness and Infection, Record and Report Them

1. Always Wash Your Hands

Hands and fingers are considered the most frequent way that germs are spread. **DSP who hand-wash frequently, thoroughly and vigorously are practicing the most effective way to prevent the spread of infection.** There are many times during the day that people should wash their hands. DSP should routinely wash their hands when they come to work. Hands should be washed at work at least before touching:

1. Food
2. An individual's medicine
3. Kitchen utensils and equipment
4. Someone's skin that has cuts, sores or wounds
5. And before putting on disposable gloves

DSP should always wash their hands at least after:

1. Using the bathroom
2. Sneezing, coughing or blowing one's nose
3. Touching one's eyes, nose, mouth or other body parts
4. Touching bodily fluids
5. Touching someone's soiled clothing or bed-linens
6. Providing assistance with medications
7. Providing assistance with bathing or toileting
8. Removing and disposing of used disposable gloves

Your Notes

9. Touching anything else that could be contaminated with germs
10. Smoking

2. Knowing the Correct Precautions for Infection Control

Standard Precautions are ways of making sure that every person who has direct contact with body fluids (urine, feces, saliva and blood) will be protected in case the fluids are infectious or carry disease. Standard Precautions are especially important to prevent the spread of blood-borne and other infectious diseases. These precautions apply to mucous membranes such as the eyes and nose and when there is a cut, abrasion or wound.

Standard Precautions include the wearing of disposable (single-use) latex gloves. Non-latex gloves can be purchased for people who are allergic to latex.

Gloves should be used only one time and changed after each use. New gloves should be put on each time a DSP works with a different individual. Used or contaminated gloves should be thrown away. Gloves become contaminated after each use and can spread germs between people if used more than once and if they are not properly disposed.

The DSP should wash his or her hands each time gloves are used. **When the DSP is ready to assist another individual, a new pair of gloves should be put on.** If bodily fluid or blood touches the skin from the gloves or the individual with whom the DSP is working, vigorously and thoroughly wash one's

Your Notes

hands. If the gloves tear or break while being worn, take them off, and vigorously and thoroughly wash one's hands. Put on a new pair of gloves and continue with assisting the individual.

When to Use Standard Precautions

Standard Precautions are important for everyone. Putting on disposable gloves and taking them off correctly is especially important in preventing the spread of germs and infection. The job of the DSP is to protect the individuals with whom they work and themselves and to prevent the spread of infection between themselves and others in the home. If Standard Precautions are used daily by DSP, by wearing disposable gloves and frequent, thorough and vigorous hand washing, they can help in decreasing the spread of infection. The DSP can follow the method for putting on disposable gloves as demonstrated in Gloving Technique. DSP should use gloves at least while doing any of the following activities:

- Cleaning rectal or genital area
- Giving mouth care
- Shaving with a blade razor
- Cleaning bathrooms
- Cleaning up urine, feces, vomit or blood
- Providing or assisting with menstrual care
- Providing wound care

Your Notes

- Handling soiled linen or clothing
- Giving care when the DSP has open cuts or oozing sores on his or her hands
- Disposing of waste in leakproof, airtight container

Other Protective Equipment
Depending on your job, you may be expected to wear other personal protective equipment (PPE), like a facemask or eye shields. If a DSP needs these, get a professional to teach the correct use and disposable of these items.

3. Keep Yourself, the Individual and the Environment Clean

Cleaning and Disinfecting

The DSP should be careful not to transfer infection to others, and, equally important, the DSP should be careful not to be infected by others. The DSP can help do this by being clean themselves, keeping the home clean and germ free and assisting the individuals in the home to maintain good personal hygiene.

Part of the job of a DSP is the thorough cleaning of surfaces and other items in the home that might have germs. These germs can be a risk for anyone who lives in the home. Routine, daily cleaning of household surfaces and other items with soap and water is the most useful method for removing germs. Sometimes, an additional cleaning is needed to be germ free. This extra step is called disinfection. It is the process of killing germs after cleaning with soap and water and rinsing with clear water. Disinfecting usually

Your Notes

requires soaking or drenching the surface or item for several minutes with a special cleaning solution. This soaking allows the cleaning solution to kill the remaining germs. One of the most common cleaning solutions uses household bleach and water. There are two recipes for this bleach and water cleaning solution.

Both disinfectant cleaning solutions are easy to mix, safe if handled properly and kill most infectious germs. The solutions lose their effect quickly. The disinfectant, bleach solution should be mixed fresh every day. Although the bleach is diluted for the purposes of cleaning, it must be stored properly in a sealed and labeled container in the locked storage area where other cleaning supplies are kept when not being used.

NOTE: Never mix bleach with anything but fresh tap water such as ammonia or other cleaning products because it may react and cause a toxic chlorine gas). Keep the solutions in a cool place out of direct sunlight.

The first cleaning solution is to be used for bathrooms, diapering or incontinent brief changing areas and floors.

Ingredients:
- 1/4 Cup Bleach
- 1 Gallon Cool tap Water

Procedure:
- Add the household bleach (5.25% sodium hypochlorite) to the water
- Carefully, mix well
- Store in closed, labeled container in cool, dark, locked storage area
- Remake daily

Your Notes

The second cleaning solution is to be used for cleaning eating utensils, toys, counter tops and other items that are mouthed or come into contact with bodily fluids.

Ingredients:
- 1 Tablespoon Bleach
- 1 Gallon Cool tap Water

Procedure:
- Add the household bleach (5.25% sodium hypochlorite) to the water
- Carefully, mix well
- Store in closed, labeled container in cool, dark, locked storage area
- Remake daily

Your Notes

Information Brief

Six Principles of Care

As a DSP, you may have many different responsibilities that are included in your job. You are responsible for maintaining health histories, recognizing, recording and reporting signs and symptoms of illness and injury, practicing Standard Precautions of hand washing and wearing disposable gloves and keeping the home germ free**. The DSP is also responsible for assisting the individuals in the home with personal care skills, which are very important.**

Principles of Care begin with you, the DSP. It is expected that you will come to work clean and in good health. The Six Principles of Care are a set of guidelines or responsibilities that DSP should remember when providing assistance and support for personal care activities for individuals in the home. These principles will become routine as they are practiced each day.

Six Principles of Care

- Safety
- Privacy
- Dignity
- Communication
- Infection Control
- Independence

PERSONAL CARE
The DSP will want to apply the Six Principles of Care every time they assist and support an individual with personal care skills**. Personal care means activities the individual completes such**

Your Notes

as grooming, bathing, shaving and teeth brushing. Part of the job of a DSP is to learn about the individuals in the home. Some individuals already have many skills in completing personal care. Some individuals may need more assistance or support to complete personal care activities. Depending on the skills of the individuals in the home, the DSP will assist and support each person to complete part or all personal care skills each day.

It is important to remember that having opportunities to make choices is a key to healthy, happy people. This is true for both for the individuals in the home where the DSP works as well as the DSP. Just as individuals have the opportunity to make choices about what clothes to wear and what to eat, they need to have the choice as to how and when they complete their personal care activities.

Personal Care Reminders

Hair Grooming
When assisting and supporting individuals with hair care or grooming, the individual should have choices. Individuals have preferences to what brand of shampoo or crème rinse they like. Some individuals may prefer to complete their hair care in the morning, the afternoon or the evening. Just as a DSP might do, individuals may change their minds from time-to-time about how they style their hair.

Fingernail and Toenail Care
Cleaned and trimmed fingernails and toenails are important for overall health. Germs often collect underneath the nails. Frequent and thorough hand washing and foot care is a good way to prevent this germ buildup. Nails that become too long

Your Notes

or are rough and torn can scratch and cut an individual's skin and may result in an infection. Individuals often like to have nail color applied and may need assistance and support to complete this skill. **Some individuals (those with diabetes) should have their nail care completed by a medical professional.**

Shaving

The shaving of one's legs, underarms or face is a very personal matter. Cultural differences may be a key to whether an individual shaves or does not shave. For example, in some cultures women do not shave their legs or underarms. In some cultures, men do not shave their facial hair. In some cases, men like to grow beards as a personal style. Some individuals may learn to use an electric razor. Other individuals may be assisted and supported in using a blade razor. If the individual chooses to shave, it is important to assist and support the individual in safe shaving activities. Safety is important to avoid nicks and cuts that can lead to infection.

Bathing and Perineal Care

Bathing means the cleaning of one's body from head to toe. Perineal care means the bathing of the genital and anal (rectum) parts of one's body. Sometimes people call the genitals and anus the "private parts" when they are assisting and supporting an individual with personal care activities of bathing. Providing assistance and support for bathing can be a very sensitive personal care activity for an individual and the DSP. It is very important to remember and practice the Six Principles of Care when assisting and support individuals in this activity. Due to the sensitive nature of the personal care in bathing, it is routinely completed by female DSP for women and girls and by male DSP for men and boys.

Your Notes

Although many individuals are able to complete bathing activities independently, the DSP will need to know what skills in bathing an individual already has before beginning to provide assistance and support with showers or baths. It is important that the DSP provide whatever assistance and support is needed to ensure individuals are clean. Checking an individual's personal care skills of bathing from time-to-time, and assisting when needed, will help prevent body odor, discomfort and infection.

Mouth Care

Mouth care includes both teeth brushing and gum care. This is an important skill for individuals to learn for good health. Germs, the sticky, tooth colored bacteria that grows on the front and sides of teeth, is called plaque. Brushing after meals and flossing helps keep teeth and gums healthy. Teeth brushing removes plaque from the front and sides of teeth. Flossing helps remove plaque from between the teeth and under the gums. Plaque can build up on dentures also. Daily brushing and flossing and routine visits to the dentist is frequently enough mouth care for an individual. However, medications or other medical concerns may require more extensive mouth care for some individuals. For some individuals, mouth care and routine dental visits can be stressful. The individual's physician and dentist can assist with information about dental aids, special toothbrushes, positioning for daily mouth care for individuals with physical or behavior challenges. The DSP may need to work closely with the individual's physician and dentist to ensure that needed mouth care is completed on a routine basis. Clean and bright teeth, fresh breath and gums that are free from infection, makes one look and feel better.

Your Notes

In conclusion, it is the job of the DSP to continue to teach, assist and support each individual is learning good personal care habits. Each individual will have the opportunity for leading a fuller, happier, more enjoyable life, as they become more independent with their own care needs.

Your Notes

Information Brief

Dental Care

(Note: A major resource for the content of this module was Volume 1, Number 1 of the *Wellness Letter*, published by the California State Department of Developmental Services.)

The dental problems that affect the general population also affect individuals with special needs. However, there are often additional dental concerns related to persons with developmental and/or physical disabilities.

Gum (periodontal) Disease
Gum disease affects the tissues and structures surrounding and supporting the teeth. Most dentists and hygienists will agree that gum disease occurs at an earlier age in individuals with developmental disabilities. It is not unusual to find advanced gum disease - swollen, bleeding gums, loose teeth due to bone loss, and gum infection - in a young adult with special needs. Malformed or poorly arranged teeth, tooth grinding, poor health and some medications contribute to development of gum disease. It is very important to brush, floss and clean the teeth, gums and tongue.

Baby Bottle Tooth Decay
Letting a child sleep or keep the bottle for a prolonged time when milk, formula, fruit juice or sweetened liquid is in the bottle can cause tooth decay. The liquid pools around the upper front teeth and molar areas and remains in the mouth for long periods of time. The combination of the pooled liquid and a decrease in production

Your Notes

of saliva during sleep starts production of bacteria which causes rapidly progressing decay. Fluoride supplements can help to prevent this tooth decay, but weaning from the bottle is most important. Using plain water in a bottle is another option when weaning is not possible. Children with special needs are especially susceptible to this problem if they lack the ability to drink from a cup early, are on a special formula diet, or exhibit difficult behavior that encourages the parent to quiet the child with a feeding.

Tube Feeding
Individuals who are tube-fed (for example, a gastrointestinal tube) can build up deposits on their teeth more than those who chew food. The reasons for this are not clearly understood. It is very important to brush, rinse and stimulate the mouth area of people who are being tube fed in order to maintain good oral health. Brushing bacteria from the tongue is still necessary to prevent infections such as *thrush*. Thrush is a fungus infection that causes a whitish growth and sores in the mouth.

Effects of Medications
Individuals with special needs are frequently prescribed medications to be taken over a long period of time. Some medications reduce the flow of saliva leading to a dry mouth that promotes tooth decay and cracks in lips. Rinsing the mouth with water after each dose is advised.

> *Aspirin* dissolved in the mouth before swallowing provides an acid environment that can lead to decay.

Your Notes

Dilantin®, (generic: phenytoin sodium) is widely used to control seizure disorders. Many individuals who receive this drug over an extended period of time will develop enlarged and overgrown gum tissues which makes brushing and flossing more difficult and less effective. Reports show between 36% to 63% of persons taking *Dilantin*® experience gum enlargement. The onset of gum overgrowth most often occurs within the first year of using phenytoin therapy.

Sugar Content of Medications
Liquid medications contain up to 84% sucrose with most having more than 40% sugar content. These are often given before a rest time or at bedtime. When asleep, the decrease in salivary flow does not allow the liquid to wash away. The sugary solution stays in the mouth, leading to tooth decay. If possible, give the medication while the individual is awake and have him or her rinse the mouth or brush immediately after a dose. Also, ask your pharmacist if a sugar-free medication is available.

Dry Mouth
Dry mouth may occur from mouth breathing and medications. Mouthwash containing alcohol may lead to dehydration of an already dry mouth. Offering lots of water is a good practice. This will help to insure adequate hydration of the body.

Over-Retained Teeth
Sometimes a child's baby tooth has not fallen out and the permanent tooth erupts. Removal of the baby tooth can help prevent future problems. The presence of an over-retained baby tooth in the middle teenage years can indicate a potential

Your Notes

problem such as a missing permanent tooth or an impacted permanent tooth.

Drooling
Excessive drooling is often seen in persons with disabilities with poor oral muscular control, not necessarily because of an excessive amount of saliva production. Facial chapping may occur. Occupational therapy to achieve lip closure in young children may reduce the incidence of drooling.

Pouching (food retention in the mouth)
Pouching is a habit found in some persons with developmental disabilities. Storing of food in the cheek or palate may be done to prolong the taste of food or medicine or because of oral muscular dysfunction. Help avoid pouching by:

- Inspecting the mouth after giving food or medications to remove any remaining material.
- Giving liquid medication rather than pills.
- Giving medications with fluids to encourage swallowing.
- When medication can be crushed without adversely affecting the drug's absorption, it can be given along with artificially sweetened applesauce or pudding.

Self Injurious Behavior
Lip biting after taking a local oral anesthetic may occur in individuals who do not understand the sensation of local anesthesia. Prevention is not always possible and caregivers or parents are required to closely watch these individuals.

Your Notes

Chronic lip biting can result in large sores requiring use of antibiotic therapy to prevent secondary infection. If this persists, the dental provider may recommend an appliance or even tooth extraction(s) as a remedy. Severe root exposure due to scraping the gum tissue with a fingernail may come from a behavior developed by some individuals. Positive behavior support skills or use of a mouth guard to cover the teeth may be needed to decrease the behavior.

Dental Implications of Down Syndrome
In Down Syndrome, the tongue appears large, giving an "open mouth" appearance. There is evidence that the tongue is actually of normal size but appears large and protruding due to a narrow nasopharynx and enlarged tonsils and adenoids. A high palate becomes a place to pocket food and may be difficult for the individual or caregiver to keep clean. Proper care of this area includes frequent rinsing or swabbing. Individuals with Down Syndrome have a decreased immunological response (ability to fight infection). Good oral hygiene is necessary to prevent gum disease. Cardiac abnormalities may require preventative antibiotic treatment before dental treatment.

Dental Implications of Cerebral Palsy
Individuals with cerebral palsy may have increased periodontal problems due to poor oral hygiene, bruxism, or the use of *Dilantin*® to treat convulsive disorders. Also, abnormal tongue movements and difficulty in swallowing can complicate oral health and dental service delivery. Many individuals with cerebral palsy will have poor tooth/jaw relationships

Your Notes

(malocclusions) due to abnormal muscle functioning such as facial grimacing, unusual chewing and swallowing patterns, and tongue thrusting.

Canker Sores
Injuries to the mouth, infection, female hormones, or stress can also cause individuals with developmental disabilities to have canker sores. These are painful, open sores in the mouth and cheek that can take 7-10 days to heal. The dentist (or doctor) can provide a topical medication (or a prescription for over-the-counter medication can be obtained) to ease the pain. It is recommended that people who are prone to have canker sores, should chew their food slowly and use a soft bristle toothbrush to avoid any injury to the inside of the mouth.

Risk Factors
There are a variety of risk factors which can lead to a mouth, teeth, or throat problem for any person. There are also some additional risk factors for some people with developmental disabilities, which call for close observation by caregivers and frequent regular check-ups.

- Poor habits or techniques of oral hygiene, for example, not brushing or flossing the teeth correctly or adequately.

- A poor diet**,** for example, not eating well-balanced and nutritious meals, or frequent snacking on sweets.

- Not seeing a dentist regularly for check-ups and professional teeth cleaning.

Your Notes

- Smoking or drinking alcohol to excess, which can damage teeth, gums, and other tissues of the mouth.

- Motor impairments which limit ability to chew or swallow properly and/or to care for one's teeth.

- Insensitivity to pain, or inability to identify it to a caregiver.

- The side effects of medications, such as gums growing up onto the teeth (a condition called hyperplasia of the gingiva).

- A fear of dentists or doctors or the dental examination process.

- Taking liquid medicines (high in sugar content) without brushing or rinsing afterwards.

Prevention

There are many ways to avoid the special dental concerns of people with developmental disabilities. Suggestions for caregivers include:

- Good dental hygiene, for example, brushing and flossing at least twice daily.

- A proper diet, and avoiding sugary snacks.

- Use of fluoride (toothpaste, mouthwash) and sealants (plastic covers typically applied to the molars).

- A dental check-up or cleaning**,** at regular (6 or 12 month) intervals.

Your Notes

- Keep an accurate and complete health history (heart problems, allergies to medications, current medications) for the dentist.

- Follow/encourage good eating habits, avoiding sugary and starchy snacks without brushing (or at least rinsing) afterwards.

- Deal effectively with anxiety about dental and medical services, where it interferes with being seen and treated properly.

- Prompt or assist eating or modify (cut-up, mash) food, if the person is prone to eating too quickly, not chewing properly, or has a poor gag reflex.

As previously stated, people with disabilities sometimes hold foods in the mouth longer, creating an environment for bacteria or other microorganisms to cause tooth decay and gum disease. Chewing activity benefits teeth, gum tissues and oral muscles, so chewing activity should be encouraged even when soft foods are eaten. It is very important to brush, floss, rinse and stimulate the mouth area in order to maintain good oral health.

Your Notes

Planning for a Successful Trip to the Dentist

Most individuals with developmental disabilities can receive dental care under routine circumstances in a typical dental environment. However, if someone is afraid or uncooperative regarding dentistry, there are ways for both caregivers and dentists to ensure a successful visit:

- If possible, work with the dentist to schedule a pre office visit for the individual. This gives the individual an opportunity to see the waiting room, office, exam rooms and dental equipment in advance. This can help to decrease anxiety about the visit.

- The caregiver should begin preparing the person for the dental visit several days before the appointment. For example, practice opening the mouth and using a mouth mirror.

- Avoid sitting for long periods in the reception area. Discuss with the receptionist how best to schedule to minimize the wait.

- Bring something familiar to the individual which may act to lessen anxiety. For example, Walkmans with head phones are great for covering the equipment noise while providing favorite music.

- Keep a familiar person in sight of the individual during the procedures. If appropriate and requested, the caregiver might hold the person's hand during the procedure.

Your Notes

- You may need to provide verbal support to the person as he or she gets into and out of the dental chair. Tell the individual when any movements of the chair or light are anticipated.

- Show the individual the dental instruments before inserting them into the mouth.

- Use language that is developmentally appropriate, but not condescending. For example, speak in terms of "cleaning" and "fixing a broken tooth" rather than "scraping" and "composites".

- Don't promise “this won’t hurt” when it may hurt. Give a time frame for how long the procedure will last.

- Try to anticipate the tolerance threshold of the individual. It is much better to have two short successful visits than one long visit which results in trauma.

A Quick Review of When to Seek Dental or Medical Help

Signs and symptoms that indicate a need for dental or medical attention or first aid include:

- Tooth ache or sensitivity to cold or hot. Usually indicates tooth decay.

- Soft, swollen, and bleeding gums. Use a warm mouth rinse (water and salt). If problem persists (or a tooth is loose), get an appointment with your dentist.

- Spots, wounds, sores, ‘hairy tongue,’ discoloration or enlargement of the

Your Notes

tongue, bad breath or foul taste in the mouth. These conditions often signal a bacterial, viral, or fungus infection. See your doctor or dentist.

- Difficulty chewing, swallowing, recurrent regurgitation or gagging. If eating is an on-going problem, an interdisciplinary approach (eating clinic) can be helpful.

- Inability to breath. If something is stuck in the throat and you have not been trained in using the abdominal thrust (formerly known as the Heimlich Maneuver), you must seek emergency help immediately.

Access to Dental Care
If you don't have a dentist, calling your local dental society is the best way to find a dentist who can serve special needs patients. You may call the California Dental Association at 1-800-736-8702 if you do not know your local dental society name or telephone number. Also, ask other individuals with developmental disabilities, parents or caretakers what dental provider they prefer. Be sure to explain the special needs very frankly to the receptionist and/ or dentist prior to making an appointment.

For individuals with developmental disabilities who do not have dental insurance, funding for dental services can be provided through:

Supplemental Security Income (SSI)
Social Security Administration • 800-772-1213 General Information. SSI benefits can also be used to pay for medical needs and dental care not provided by Medicare, Medicaid, or a residential institution.

Your Notes

Dental-Cal
Department of Health Services • 800/ 322-6384 for referrals to Dental-Cal providers in your area. Dental-Cal is the Medi-Cal equivalent for dental services.

County hospitals
County hospitals can also provide emergency dental services.

Regional Centers
If identified in the Individual Program Plan (IPP) as needed and if not provided by another agency (e.g., Medi-Cal), a regional center may purchase such health and medical services as: *assessment, diagnosis, and evaluation; physical, occupational, and speech therapy; adaptive equipment and supplies; specialized medical and dental care; and, transportation services necessary to ensure delivery of services* (excerpted from the Lanterman Act).

Your Notes

DENTAL CARE RESOURCES

SERVICES

Special Athletes/Special Smiles

Special Olympic participants or attendees can receive oral hygiene instruction, non-invasive dental screening, and referrals to local dentists experienced in treating individuals with special needs. For information about Special Athletes, Special Smiles contact Special Olympics at (617) 638-4891.

Special Smiles Guide

A Guide to Good Oral Health for Persons with Special Needs was developed by Special Olympics Special Athletes/Special Smiles and Boston University. For information about obtaining a copy, call your local Special Olympics affiliate.

Northern California Dental Program

The Rural Northern California Dental Program for Persons with Disabilities provides for: dental screening, community-wide triage and referral services using a consortium of agencies and hospital dental facilities to provide in-hospital care for individuals with severe disabilities who require dental treatment under general anesthesia. This project was implemented in a number of communities in rural Northern California. Participating regional centers were Far Northern Regional Center, North Bay Regional Center, and Redwood Coast Regional Center. Another outcome of the project was the development of a preventive dentistry training program for caretakers of persons with disabilities. For information about the program, call (415) 929-6426 or write to the UOP School of Dentistry, 2155 Webster Street, San Francisco, CA 94115.

ORGANIZATIONS

Federation of Special Care Organizations in Dentistry (American Association of Hospital Dentists, Academy of Dentistry for Persons with Disabilities, American Society for Geriatric Dentistry)
211 East Chicago Avenue, Suite 948, Chicago, IL 60611-2678 (312) 440-2660
No referral services available.

The California Foundation of Dentistry for the Handicapped
Donated Dental Services Program
P.O. Box 13749, Sacramento, CA 95853-9981 (916) 498-6176
Approximate catchment area: Redding to Merced

Key Word Dictionary
Wellness: Promoting Good Health
Session #11

Assess
To recognize changes in an individual. For example, change can be anything such as a behavior, health condition, or activity level.

Dignity
Treating people with respect.

Disinfect
To kill or eliminate most germs with a chemical solution.

Documenting
The process of recording the changes in an individual's daily routine or health care needs that have been noted through the assessment skills of listening, questioning and observing.

Germs
Bacteria or microorganisms that are alive and need warmth, moisture, darkness and oxygen to grow and live. Some germs are helpful to digestion of food and the elimination of bodily waste. Other germs are harmful and cause illness or infection.

Health History
A document that has medical history and current information about an individual's health care needs.

Infection
Germs in the body that may cause illness or injury if not treated.

Mouth Care
The care of the teeth and gums through brushing, flossing and routine dental check-ups.

Plaque
The sticky, bacteria and germs that build up on the teeth and can cause infection.

Principles of Care
A set of guidelines for working with individuals that includes safety, privacy, dignity, communication, infection control and independence.

Privacy
Assuring that an individual's personal care needs remain confidential.

Signs and Symptoms
Observation is about noticing change in a person's health, attitude, or behavior. Changes that are observed are called signs. The signs may be a symptom or indicate the presence of a disease, illness or injury. A symptom may also mean that someone is getting better.

Standard (Universal) Precautions
Standard Precautions are an approach to infection control. These precautions apply to all blood, all body fluids, secretions and excretions (urine and feces), whether or not they contain visible blood. They also apply to mucous membranes and where there is a cut or abrasion. Standard Precautions protect both the individual being assisted and the DSP. Standard Precautions include the use of disposable gloves and handwashing.

If You Want to Read More About
Wellness: Promoting Good Health

Developmental Disabilities: Resources for Healthcare Providers
http://www.ddhealthinfo.org/

Foundations for Caregivers (1993). American Red Cross.

Health Care Choices for Today's Consumer (1995). Marc S. Miller, Editor.

Healthy Smiles for Children with Special Needs (1996). San Diego Regional Center and Anderson Center for Dental Care.

Overcoming Obstacles to Dental Health (1995). Training Project, Univesity of the Pacific, and Far Northern, North Bay, and Redwood Coast Regional Centers.

Quality of Life in Health Promotion and Rehabilitation (1996). Rebecca renwith, Ivan Brown, Mark Nagler, Editors.

The ABC's of Safe and Healthy Child Care (1996). California Department of Health Services.

Training Inservice (2000). Valley Mountain Regional Center.

Standard Precautions Inservice (2000). San Diego Regional Center.

Worksheets and Activities

Key Elements of a Health History

1. Information about past and present illness
2. Family history
3. History of medications
4. Physician's and dentist's name, address, and telephone numbers
5. Allergies
6. Physician reports
7. Family information, including emergency contacts
8. Conservator or guardianship information (name, address, and telephone number, as appropriate)
9. Conservator or guardianship papers (for example, court documents)
10. Regional center service coordinator name, address, and telephone numbers
11.
12.
13.

Skills for Assessing

- **Listening**

- **Questioning**

- **Observing**

Documenting Signs and Symptoms

- **Listening**

- **Questioning**

- **Observing**

Reporting Guidelines for Signs and Symptoms

- State what the individual claims is wrong
- Describe how the individual appears physically
- State when the symptoms first began or were noticed
- Describe any changes in the individual's eating habits
- Describe any changes in the individual's behavior
- Describe any vomiting, diarrhea or urinary problems
- Report any recent history of similar symptoms
- Provide list of current medications
- Provide list of known allergies
- Describe how injury happened
- Describe any visible bleeding or swelling, how much and how fast
- Describe any lack of movement or inability to move body parts
- Describe size of wound or injury
- Report pulse, temperature and blood pressure (if obtainable)
- State the facts

SKILL SHEET #1 HAND-WASHING

Name: _____ **Date: _____**

Attention: Remember to wash your hands:

1. When coming to work
2. Before and after any contact with an individual
3. Before handling any food
4. After going to the bathroom
5. After coughing or sneezing
6. After smoking
7. Before and after wearing disposable gloves
8. Before going home

Supplies:

1. Sink
2. Water
3. Soap
4. Towel

PROCEDURE
(Hand-washing)

STEPS		Partner Check	Instructor Check
1.	**Remove watch or push up on your forearm, remove rings and bracelets. Roll up sleeves.**	❑	❑
	Note: If the watch cannot be worn above the wrists, the watch should be kept in your pocket to prevent contamination. Why? Hand-washing includes the wrists.		
2.	**Turn on water and adjust temperature.**	❑	❑
	Note: Use a clean paper towel to turn the water faucet off and on. Why? Faucets may indirectly transfer germs.		

STEPS		Partner Check	Instructor Check
3.	**Wet your hands and wrists. Apply soap.** Note: If you are using bar soap, rinse the soap before using it. Why? Soap can indirectly transfer germs.	❑	❑
4.	**Hold your hands lower than your elbows and rub your hands to make suds.** Why? This will help water to run from the clean area of the forearm to the dirty area of the fingers.	❑	❑
5.	**Wash your hands vigorously and thoroughly.** • Wrists (grasp with opposite hand and twist wrist between thumbs and fingers of hand) • Palms and backs of hands • Between fingers • Nails (rub against palms of hands or with personal nail brush) • Repeat with both hands Why? This makes sure all areas of the wrist and hands are cleaned.	❑	❑
6.	**Rinse your wrists and hands, keeping your wrists and hands below your elbow**s. Why? Removes and loosens dirt and germs. Washes contaminated suds and water away from clean skin.	❑	❑
7.	**Dry your wrists and hands thoroughly with a clean towel or paper towe**l. Why? Prevents chapping of hands.	❑	❑
8.	**Use a clean paper towel to turn off faucet.** Why? Touching the faucet and/or sink will contaminate clean hands.	❑	❑
9.	**Throw used towel away.** Note: Use a clean paper towel to open the door if leaving the bathroom.	❑	❑

Direct Support Professional (DSP) Training
SKILL CHECK #2 Gloving
STUDENT INSTRUCTIONS

Directions: **Partner with another member of the class. Each partner should have a *Skill Check #2 Worksheet*. Using the *Worksheet*, practice all the steps in this skill. Have your partner check off each step you correctly complete (PARTNER CHECK). When you are comfortable that you are able to correctly complete all the steps without using the *Worksheet*, ask the teacher to complete the Teacher Check.**

Reminders:

ALWAYS wear disposable gloves when you:

- Assist another person with tooth-brushing or flossing, bathing, shaving, menstrual care, and cleaning the rectal or genital area;
- Clean up toilets, urine, feces or vomit; and/or,
- Perform first-aid.

ALWAYS use a new pair of gloves for each activity.

ALWAYS use a new pair of gloves for each individual.

ALWAYS wash your hands before and after using gloves.

NEVER wash gloves and use again.

Supplies: Gather all of the necessary supplies for skill check. Supplies are needed for practice and skill check.

- Water, soap, and paper towels for hand washing
- New disposable gloves: At least two pairs - one for practice and one for final skill check.
- Waste container
- *Skill Check #2 Worksheet*

COMPETENCY: Each student is required to complete *Skill Check #2 Worksheet, Gloving,* with no errors.

Revised 4/01/02

TEACHER_____ **STUDENT:** _____
DATE: _____

SKILL CHECK #2 WORKSHEET

Gloving

Please initial each step when completed correctly	**Partner Check**	**Teacher Check**		
		Attempt #1	**Attempt #2**	**Attempt #3**
STEPS		_____	_____	_____
		Date	**Date**	**Date**
1. Remove rings and watches	_____	_____	_____	_____
2. Wash your hands	_____	_____	_____	_____
3. Select a new pair of gloves of the appropriate size	_____	_____	_____	_____
4. Pull the gloves onto both hands	_____	_____	_____	_____
5. Smooth out folds to ensure a comfortable fit	_____	_____	_____	_____
6. Carefully look for tears, holes or discolored spots and replace the glove(s) with a new one if necessary	_____	_____	_____	_____
STEPS - Taking off Gloves				
1. Touching only the outside of one glove, pull the first glove off by pulling down from the cuff	_____	_____	_____	_____
2. As the glove comes off your hand, turn the glove inside out	_____	_____	_____	_____
3. With the fingertips of your gloved hand, hold the glove you just removed	_____	_____	_____	_____
4. Put fingers of your bare hand inside the remaining glove, being careful not to touch any part of the outside of the glove	_____	_____	_____	_____
5. Pull the glove down, turning the glove inside out and over the first glove as you remove it	_____	_____	_____	_____
6. Drop both contaminated gloves into the proper garbage container	_____	_____	_____	_____
7. Wash your hands	_____	_____	_____	_____

Revised 4/01/02

Direct Support Professional (DSP) Training
SKILL CHECK #2 Verification Sheet

Gloving

CERTIFICATION

This is to certify that (Name of Student)_____

correctly completed all of the steps for *Gloving*.

Teacher Signature:_____Date:_____

Comments:_____

_____

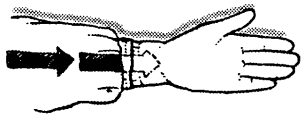
_____

_____

Gloving Technique

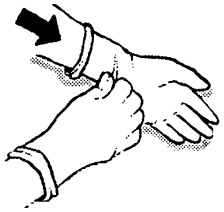
Putting on non-sterile gloves

- Wash your hands following proper procedure.
- If you are right handed, remove one glove and slide it on your left hand (reverse, if left handed).
- Pulling out another glove with your gloved hand, slide the other hand into the glove.
- Interlace fingers to smooth out folds and create a comfortable fit
- Carefully look for tears, holes or discolored spots and replace the glove if necessary.

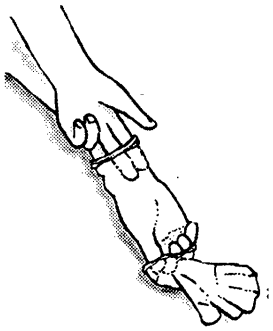


- If wearing a gown, pull the cuff of the gloves over the sleeve of the gown.

Removing non-sterile gloves



- Touching only the outside of one glove, pull the first glove off by pulling down from the cuff.
- As the glove comes off your hand it should be turned inside out.
- With the fingertips of your gloved hand hold the glove you just removed. With your ungloved hand, reach two fingers inside the remaining



glove, being careful not to touch any part of the outside.

- Pull down, turning this glove inside out and over the first glove as you remove it.
- You should be holding one glove from its clean inner side and the other glove should be inside it.
- Drop both gloves into the proper container.
- Wash your hands using proper procedure.

Six Principles of Care Activity

Safety
Privacy
Dignity
Communication
Independence
Infection Control

SKILL SHEET #3 HAIR GROOMING

Name: _____ Date: _____

Attention: Remember, hairstyle is an individual choice

1. Use only the individual's personal comb and brush.
2. Clean comb and brush regularly.
3. Combs with "sharp teeth" can injure sensitive scalps.
4. Use comb and brush with a gentle touch.
5. Encourage the individual to do as much as they can for themselves.

Supplies:

1. Comb
2. Brush
3. Mirror
4. Personal hair products

PROCEDURE
(Hair Grooming)

STEPS		Partner Check	Instructor Check
1.	**Ask the individual if they have a preference for their hair style today.**	❑	❑
2.	**Teach and assist with drying wet hair with dryer and applying gels, hair spray, etc.**	❑	❑
3.	**If hair is long, divide into sections before combing or brushing..**	❑	❑
4.	**Teach and assist the individual to comb or brush hair from scalp to ends of hair.**	❑	❑

Note: If the hair is tangled, use a wide-tooth comb.
Why? Pulling on tangled hair can cause damage to the hair. Gently combing or brushing from the scalp to the ends of the hair stimulate circulation.

5.	**Encourage the individual to look in a mirror when finished styling.**	❑	❑

Why? Having hair clean and groomed looks great, increases self-esteem and you can't have a "Bad Hair Day!"

SKILL SHEET #4 CLEANING AND TRIMMING NAILS

Name: _____ Date: _____

Attention: Special care should be practiced when assisting with nail care.

1. Individuals with diabetes require professional assistance with nail care.
2. Toenails and fingernails should be kept clean, neatly trimmed, and smooth to prevent injury to skin.
3. Trimming the nail too short may cause ingrown toenails that can be painful and cause infection.
4. Encourage the individual to so as much as they can for themselves.

Supplies:

1. Personal nail clippers or nail scissors
2. Personal cuticle or orange stick
3. Bathtub or bowl
4. Clean water
5. Soap
6. Personal towel
7. Personal emery board or nail file

PROCEDURE
(Cleaning and Trimming Nails)

STEPS	Partner Check	Instructor Check
1. Teach and assist the individual how to soak their hands or feet in warm water for at least 5 minutes and then wash hands or feet with soap.	❑	❑
Why? Soaking will soften the nails and make them easier to trim.		
2. Teach and assist how to push nail cuticle back (from fingers or toes) gently with cuticle or orange stick to prevent hangnails.	❑	❑
Note: A clean washcloth can be used for this step. DSP can demonstrate these steps on their own nails.		

PROCEDURE
(Cleaning and Trimming Nails)

STEPS		Partner Check	Instructor Check
3.	**Teach and assist the individual to clean under their nails (fingers or toes) with orange stick or tool on nail clipper for this purpose.**	❑	❑
4.	**Teach and assist the individual to change the water and wash, rinse and dry their hands or feet.**	❑	❑
	Note: Do not rinse in soapy water. Why? Soapy water has many germs from the nails. This will prevent skin on the hands and feet from chapping.		
5.	**Teach and assist the individual to use nail clippers or nail scissors to trim toenails straight across. Fingernails can be trimmed with a slight curve. Use an emery board or nail file to shape and smooth the nails.**	❑	❑
	Remember: Individuals with diabetes need professional assistance for nail care.		

SKILL SHEET #5 SHAVING

Name: _____ Date: _____

Attention: Shaving steps can be used for facial, leg or underarm hair

1. Use of electric razor should not be used in same room where oxygen is used.
2. Electric razors should not be used around water.
3. Check all types of razors for chips or rust on the blades.
4. Always dispose of used razor blades.
5. Use only an individual's personal razor.
6. Supervise the use of razors closely for safe and correct handling before individual shaves independently.
7. Encourage the individual to do as much for themselves as they can.

Supplies:

1. Personal electric or other style razor
2. Shaving cream and aftershave lotion
3. Personal towel
4. Sink or other clean water source
5. Mirror

PROCEDURE (Shaving)

STEPS	Partner Check	Instructor Check
1. Teach and assist the individual in locating the best place to complete their shaving. Use of a mirror is recommended for shaving the face or under the arms.	❑	❑

Note: Depending on what part of the body one is shaving, a sink, bowl, bathtub or shower may be more safe and functional. Why? Safety is important while shaving. The individual should be comfortable and sitting or standing securely.

PROCEDURE
(Shaving)

STEPS		Partner Check	Instructor Check
2.	**Teach and assist the individual to check their skin for moles, birthmarks or cuts. If any changes are observed in the size, shape or color of a mole or birthmark the individual should be seen by his or her physician**.	❑	❑
	Why? Shaving over these areas can cause bleeding and infection. Changes may indicate illness.		
3.	**Teach and assist the individual to open shaving cream and remove safety cap from razor (non-electric razor) or plug electric razor in to outlet.**	❑	❑
	Note: Again, safety is important. Shaving cream in an electric razor can be dangerous. Electric razors near water can cause injury or death.		
	SHAVING WITH NON-ELECTRIC RAZOR		
4.	**Teach and assist the individual to wash area to be shaved with warm, soapy water. (Face, underarms or legs)**	❑	❑
	Why? Washing removes oil and bacteria from the skin and helps to raise the hair shafts so it will be easier to shave.		
5.	**Teach and assist the individual how to apply shaving cream or lather with soap.**	❑	❑
	Note: Some soaps and shaving creams can be harsh on the skin or an individual can be allergic to them. There are different brands on the market for sensitive skin. An electric razor may work better for an individual with skin allergies. Why? Shaving cream softens the skin and helps the razor glide over the skin to prevent nicking and cutting.		

PROCEDURE
(Shaving)

STEPS		Partner Check	Instructor Check
6.	**If the DSP is shaving the individual, wear disposable gloves.**	❑	❑
	Note: Refer to Resource Guide for directions on putting on disposable gloves. Why? To prevent spread of germs.		
7.	**Teach and assist the individual to use the fingers of one hand to hold the skin tight and shave in the direction the hair grows.**	❑	❑
	Note: Shaving in the direction the hair grows makes a smoother shave and helps prevent irritating the skin. The DSP may want to role play or demonstrate this shaving step on him or herself.		
8.	**Teach and assist the individual to rinse the razor often to remove hair and shaving cream so the cutting edge stays clean.**	❑	❑
9.	**Teach and assist the individual to use short strokes around chin and lips on the face, front and back of knees on the legs and under the arms.**	❑	❑
	Note: Short strokes gives better control of the razor and helps prevent nicks and cuts.		
10.	**Teach and assist the individual to rinse off the remaining shaving cream and dry the skin with gentle patting motions.**	❑	❑
	Why? Left over shaving cream can irritate and dry the skin. Rubbing freshly shaven skin can be irritating.		
11.	**If shaving the face, offer the individual a mirror to inspect a job well done!**	❑	❑
	Why? Taking pride in completing personal care skills increases self-esteem.		

PROCEDURE
(Shaving)

STEPS		Partner Check	Instructor Check
12.	**Teach and assist with applying aftershave or skin lotion if individual chooses.**	❑	❑
	Note: Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation.		
13.	**Teach and assist the individual with cleaning razor and storing all shaving items.**	❑	❑
14.	**Teach and assist the individual to wash, rinse and dry their hands after shaving.**	❑	❑
SHAVING WITH AN ELECTRIC RAZOR			
15.	**Teach and assist the individual to safely turn on the electric razor. Explain the safety of shaving away from water.**	❑	❑
	Why? Electrocutions can occur when electric appliances, including razors, come in contact with water.		
16.	**Teach and assist the individual in using a mirror while shaving the face or under the arms.**	❑	❑
17.	**Teach and assist the individual in using a gentle, even pressure as they move the electric razor over their skin. Demonstrate how running one hand over the shaved area can locate missed hair.**	❑	❑

PROCEDURE
(Shaving)

STEPS		Partner Check	Instructor Check
18.	**Teach and demonstrate how to clean hair from the blades as needed during the shave.**	❑	❑
	Note: Be sure razor in turned off and unplugged each time the blades are cleaned. Why? Injuries can occur when handling blades when the razor is turned-on or plugged in to an electrical socket. Cleaning the blades keeps them sharp and provides for a smoother shave.		
19.	**Teach and assist with applying aftershave or skin lotion if individual chooses.**	❑	❑
	Note: Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation.		
20.	**If shaving the face, offer the individual a mirror to inspect a job well done!**	❑	❑
	Why? Taking pride in completing personal care skills increases self-esteem.		
21.	**Teach and assist the individual with cleaning razor and storing all shaving items.**	❑	❑
22.	**Teach and assist the individual to wash, rinse and dry their hands after shaving.**	❑	❑

SKILL SHEET #6 MOUTH CARE (TEETH AND GUMS)

Name: _____ Date: _____

Attention: Daily brushing and flossing and regular dental check-ups are key to good mouth care.

1. Check inside of mouth for redness, gum swelling, loose teeth or unusual odor.
2. Report any changes in an individual's mouth to his or her dentist.
3. Brushing after meals and flossing once a day is recommended.
4. Encourage the individual to do as much as they can for themselves.

Supplies:

1. Personal toothbrush
2. Sink and fresh water
3. Personal towel
4. Disposable gloves
5. Personal toothpaste
6. Personal floss
7. Mouthwash

PROCEDURE
(Teeth Brushing and Flossing)

STEPS		Partner Check	Instructor Check
1.	**Teach and assist the individual in washing their hands. The DSP should wash their hands as well.**	❑	❑
	Note: Use the method learned from Skill Sheet #1		
2.	**If the DSP is assisting with teeth brushing, he or she should wear disposable gloves.**	❑	❑
	Note: Refer to Resource Guide for directions on putting on disposable gloves. Protective eye glasses are also recommended. Why? To prevent spread of germs through contact with saliva and blood from the mouth.		

PROCEDURE
(Teeth Brushing and Flossing)

STEPS		Partner Check	Instructor Check
3.	**Teach and assist the individual with taking the cap off the toothpaste. After wetting the toothbrush in clean water, put toothpaste on the toothbrush.**	❑	❑
	Note: A fluoride toothpaste and a soft toothbrush is recommended. Check with the individual's dentist for special instructions as needed.		
4.	**Teach and assist the individual to hold the toothbrush at a 45 degree angle and gently brush the outer surfaces of the teeth. Use a circular or an up-and-down motion.**	❑	❑
	Note: A DSP may demonstrate or role model teeth brushing skills by brushing his or her own teeth.		
5.	**Teach and assist the individual to brush the inside surfaces of the teeth with the same motion.**	❑	❑
6.	**Teach and assist the individual to spit out saliva and toothpaste foam as needed.**	❑	❑
	Why? Saliva and foam builds up during brushing. It is better to spit then to swallow the saliva and toothpaste.		
7.	**Teach and assist the individual to turn the toothbrush, bristle side up, and using the tip of the toothbrush, clean the inner sides of the top and bottom teeth.**	❑	❑
	Why? Brushing all tooth surfaces removes the plaque (germs and bacteria) from the teeth.		
8.	**Teach and assist the individual to brush the chewing surfaces of all teeth. Use a back-and-forth or scrubbing motion. Spit saliva as needed.**	❑	❑

PROCEDURE
(Teeth Brushing and Flossing)

STEPS		Partner Check	Instructor Check
9.	**Teach and assist the individual to gently brush tongue and gums.**	❑	❑
	Why? Brushing the tongue helps control bacteria from building up that contributes to mouth odor. Brushing the gums decreases plaque buildup where the gums and teeth meet.		
10.	**Teach and assist the individual in rinsing their mouth. Fresh water works well. Mouthwash or a solution of mouthwash (1 part mouthwash to 3 parts water) may also be used.**	❑	❑
	Note: Rinsing the mouth after brushing helps clean out bits of plaque that have become dislodged from the tooth surfaces. Rinsing also cleans out saliva and toothpaste that has been in the mouth during brushing. Why? Rinsing with a mouthwash helps continue the fight against germs and bacteria buildup in the mouth. It can leave a pleasant taste and fight unpleasant mouth odor also.		
FLOSSING THE TEETH AND GUMS			
11.	**Teach and assist the individual in washing their hands. The DSP should wash their hands as well.**	❑	❑
	Note: Use the method learned from Skill Sheet #1		

PROCEDURE
(Teeth Brushing and Flossing)

STEPS		Partner Check	Instructor Check
12.	**If the DSP is assisting with flossing, he or she should wear disposable gloves.**	❑	❑
	Note: Refer to Resource Guide for directions on putting on disposable gloves. Protective eye glasses are also recommended. Why? To prevent spread of germs through contact with saliva and blood from the mouth.		
13.	**Teach and assist the individual to wrap about 18" of floss around the middle fingers. Hold the floss against the middle fingers with the index fingers and thumbs**.	❑	❑
	Note: There are special flossing aids that can be used if individuals do not have good hand or finger control. The DSP may want to demonstrate or role model flossing skills by flossing his or her own teeth.		
14.	**Teach and assist the individual to gently slide the floss down between the teeth. Move the floss up-and-down and back-and-forth along the sides of all teeth. Be sure to slide the floss below the gum line as each tooth is flossed.**	❑	❑
	Note: If the individual has braces or bridges, a floss threader (from the local drugstore) can be used to get floss under the wires. Why? Flossing helps to break up the plaque that forms between the teeth and along the gum line.		

PROCEDURE
(Teeth Brushing and Flossing)

STEPS		Partner Check	Instructor Check
15.	**Teach and assist the individual in rinsing their mouth. Use fresh water. Mouthwash or a solution of mouthwash (1 part mouthwash to 3 parts water) may also be used.**	❑	❑
	Note: Rinsing the mouth after flossing helps clean out bits of plaque that have become dislodged from the teeth and gums. Rinsing also cleans out saliva and blood that has been in the mouth during flossing. Why? Rinsing with a mouthwash helps continue the fight against germs and bacteria buildup in the mouth. It can leave a pleasant taste and fight unpleasant mouth odor also.		
16.	**Teach and assist the individual to throw out used floss and wash, rinse and dry their hands**.	❑	❑

SKILL SHEET #7 ASSISTING AN INDIVIDUAL WITH BATHING AND PERINEAL CARE

Name: _____ Date: _____

Attention: **When assisting with bathing or showering:**

1. Remember to check water temperature. It should be warm to the touch.
2. Wash, rinse and dry each body part to prevent chilling, exposure and chapping.
3. Inspect skin for signs of injury or changes in condition.
4. Use soap sparingly and do not leave in water.
5. Provide privacy and warmth for the individual.
6 Talk about things of interest to the individual.
7. Encourage the individual to do as much as they can for themselves.
8. Demonstrate and explain correct bathing or showering procedures
9. Be prepared with all supplies.
10. Be sure your hands are washed and clean before beginning.

Supplies:

1. Clean basin, bathtub or shower stall
2. Robe or clean clothes
3. Soap and soap dish or special skin cleanser
4. Personal towel
5. Personal washcloth
6. Disposable gloves for perineal care

PROCEDURE
(Bathing and Perineal Care)

STEPS		Partner Check	Instructor Check
1.	**Teach and assist the individual how to, or check the water temperature for warmth before beginning. (Place your wrist under the running water)**	❑	❑

Why? To prevent a chill or a burn.

PROCEDURE
(Bathing and Perineal Care)

STEPS		Partner Check	Instructor Check
2.	**Teach and assist the individual to wash their hands and wrists.**	❑	❑
	Note: Use the method learned from Skill Sheet #1. The DSP will have washed their hands as well.		
3.	**Teach and assist the individual to wash and rinse each eye. Begin from the inner corner of one eye (near the nose) and moving to the outer corner of the eye. Repeat this step on the other eye, using a clean corner of the washcloth.**	❑	❑
	Why? Use different ends of the washcloth to prevent the spread of germs from one eye to the other.		
4.	**Teach and assist the individual to wash, rinse their face, neck and ears. Use the soap to make suds. Use clean tap water to rinse. Be sure to wash and dry behind the ears.**	❑	❑
	Note: Ask the individual if they want soap used or if they prefer a special cleansing product. Why? Some individuals have sensitive skin.		
5.	**Teach and assist the individual to wash and rinse one shoulder, underarm and arm.**	❑	❑
	Why? Beginning near the wrist, prevents dripping dirty water (germs) on already cleaned wrists and hands.		
6.	**Repeat step 5 for the other shoulder, underarm and arm.**	❑	❑

PROCEDURE
(Bathing and Perineal Care)

STEPS		Partner Check	Instructor Check
7.	**Teach and assist the individual to wash adn rinse the chest and stomach. Check under the breasts and any skinfolds as you go along**.	❑	❑
8.	**Repeat step 7 for the back.**	❑	❑
	Note: Make sure the skin is completely dry. remember to teach and assist the individual to dry completely.		
9.	**Teach and assist the individual to wash and rinse hip and one leg.**	❑	❑
10.	**Repeat step 9 for the other hip and leg.**	❑	❑
11.	**Teach and assist the individual to wash and rinse one foot.**	❑	❑
12.	**Repeat step 10 for the other foot.**	❑	❑
	Why? Moisture in the skinfolds can result in cracking and the breakdown (infection) of skin. Moisture between the toes can result in cracking and infection.		

Perineal Care for Females: Bathing of the genitals (sex organs) and anal (rectum) area of the body. These are sometimes referred to as "the private parts".

13.	**When teaching or assisting with perineal care, put on disposable gloves.**	❑	❑
	Note: Refer to Resource Guide for directions on putting on disposable gloves. Why? To prevent spread of germs.		

PROCEDURE
(Bathing and Perineal Care)

STEPS		Partner Check	Instructor Check
14.	**Teach the individual to separate the folds of skin in their "private parts", called the labia and using suds and the washcloth, wash with one down stroke the sides of the labia. Using a different side of the washcloth, wash down the middle of the labia. Rinse from front to back.**	❑	❑
	Note: Always wash from the pubic area (front of the genitals) to the anal area to prevent contaminating the urethral opening (where the urine comes out) with germs or bacteria from the anal area.		
15.	**Teach the individual to wash and rinse the anal area moving front to back. Use a different part of the washcloth for each wipe.**	❑	❑

Perineal Care for Males: Bathing of the genitals (sex organs) and anal (rectum) area of the body. These are sometimes referred to as "the private parts".

16.	**When teaching or assisting with perineal care, put on disposable gloves.**		
	Note: Refer to Resource Guide for directions on putting on disposable gloves. Why? To prevent spread of germs.		
17.	**Explain to the individual to hold their penis and wash, rinse and the tip. Always wash from the small opening (ureter) where the urine flows, outward or towards the end of the penis. Use a different part of the washcloth for each wipe.**	❑	❑
	Why? To prevent spreading germs (contamination) of the urethral opening.		

PROCEDURE
(Bathing and Perineal Care)

STEPS		Partner Check	Instructor Check
18.	**Teach the individual to wash, rinse and dry the shaft of the penis. Wash and rinse in the direction of the pubic area.**	❑	❑
	Note: If the individual is not circumcised, be sure the foreskin is pulled back and wash, rinse and dry the penis. Return the foreskin to its natural position.		
19.	**Teach the individual to spread his legs and wash, rinse and dry the scrotum. (The two sacks at the base of the penis) Clean between the skinfolds in this area and under the scrotum thoroughly.**	❑	❑
20.	**Teach the individual to wash, rinse and dry the anal area moving front to back. Use a different part of the washcloth for each wipe. Dry area thoroughly.**	❑	❑
	Note: Moisture between skinfolds may cause cracking of the skin and skin breakdown.		

Information Brief

Protection from Abuse

Introduction

There is a special concern for the abuse of children, dependent adults, and the elderly. As they are more vulnerable than others, such individuals face greater risk of abuse. Reporting suspected abuse will, hopefully, not occur often in your work as a DSP. However, it's important to know your responsibilities should you need to act.

Dependent adult abuse is defined as physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm of pain or mental suffering, or the deprivation by a care provider *of goods and services which* are necessary to avoid physical harm or mental suffering. **Child abuse** is defined as physical injury, which is inflicted by other than accidental means on a *child by* another person, sexual abuse, willful cruelty or unjustifiable punishment *of a child, unlawful* corporal punishment or injury and neglect.

Protection Against Abuse

The DSP can help protect individuals from abuse through:

Observation - pay attention to individuals in your care. Many are nonverbal and can't tell you when something is wrong.

Communication - talk with individuals and other DSP daily.

Conversation - talk with day programs, work and others.

Documentation - write down what you see and hear.

Review - look at what you have written for patterns.

Report - if abuse is **known or suspected**.

Reporting Requirements for Child Abuse

California law requires that any child care custodian, health care practitioner, or employee of a child protective agency who knows or reasonably suspects child abuse **must** report the abuse to a child protective agency immediately or as soon as practically possible by telephone and to send a written report within **36** hours of receiving the information concerning the incident.

Reporting Requirements for Adult Abuse

A **dependent adult** is any California resident 18 to 64 years of age, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Included is any person 18-64 years of age, regardless of physical or mental condition, who is admitted as an inpatient to a 24-hour health facility.

An **elder** is anyone residing in California, who is 65 years of age or older, whether or not impaired mentally or physically.

California law requires care custodians and health practitioners to report certain kinds of abuse. Care custodians are administrators of certain public or private facilities, including but not limited to, community care facilities, 24-hour health facilities, respite care facilities, foster homes, schools, sheltered workshops, regional centers and offices or clinics.

Mandatory Reporting

DSPs are considered mandated reporters with a legal duty to report suspicion or knowledge of child, dependent adult, or elder abuse. Failure to report can result in a mandated reporter being held liable for both criminal and civil consequences. Conversely, the mandated reporter has complete immunity from legal actions even if the report turns out to be false.

All allegations of *abuse shall be reported* by telephone as soon as possible to either Child Protective Services, Adult Protective Services or the Ombudsman's office depending upon the age of the victim and the location of the alleged abuse. If the victim is a child the report will be made to *Child Protective Services with* a written follow up *report* to be submitted within 36 hours. If the victim is an adult *and* the abuse occurred in a long term care facility, the *alleged abuse is reported* to the Ombudsman's office. If the alleged abuse occurred at any other location, the report is made to Adult Protective Services. The telephone report concerning an adult shall be followed up with a written report within two working days.

Ombudsman Office Department of Aging

Each county is required to have an office devoted to the Ombudsman. This office receives reports of abuse to dependent adults if the abuse occurs in any long-term facility (nursing homes, residential facilities, foster homes, any licensed or unlicensed *residential* facility providing care and supervision).

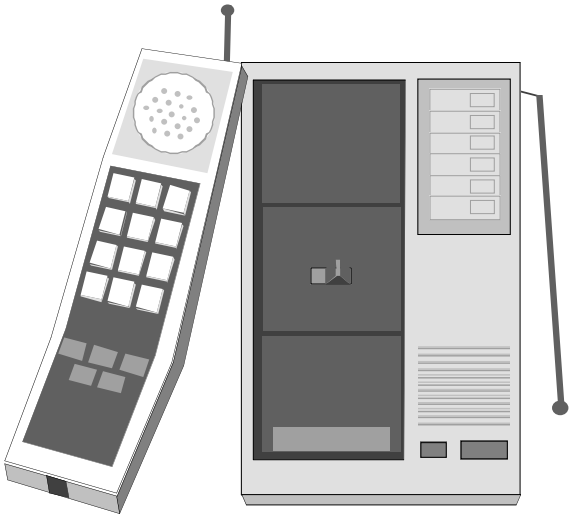
Adult Protective Services California Department of Social Services

Each county is required to have an office devoted to Adult Protective Services. This office receives reports of abuse to dependent adults. Each report is assigned to a case worker for investigation, assessment, and referral to appropriate agencies. The law requires mandated reporters to make a verbal report immediately, followed by a written report within two working days. When the suspected victim resides in a domestic setting, the abuse should be reported to the county Adult Protective Services Agency. If the abuse occurs in any long-term care facility (nursing homes, residential facilities, foster homes, or any licensed or unlicensed facility providing care and supervision), it must be reported to the local ombudsman program.

Child Protective Services Department of Social Services

Each county is mandated to have an office devoted to Child Protective Services. This office receives reports of abuse to children. Each report is assigned to a case worker for investigation, assessment and referral to appropriate agencies.

Child Protective Services is usually housed in the county Social Services department. To find the nearest office, look in the county government pages of the telephone directory under "Social Services; Children's Services and/or Child Protective Services." Many counties have 24-hour hotlines.



Elder and Dependent Adult Abuse

(excerpted from Los Angeles Infoline)

Quick Checklist. When an elderly person or dependent adult is being abused, neglected or exploited, prioritize for safety:

1. Is the person being injured or otherwise endangered at that moment? If **YES**, call the police or paramedics.
2. Is the suspected abuse occurring in a residential facility or adult day health center? If **YES**, report to the local Long Term Care Ombudsman.
3. Is the abuse occurring outside of a residential facility? If **YES**, report to Adult Protective Services.

Definitions. Listed below are possible indicators of abuse (adapted from guidelines developed by Adult Protective Services):

Physical Abuse: Pushing, shoving, shaking, slapping, or beating, or unreasonable restraint.
Indicators: unexplained bruises, welts, or burns; friction marks; bleeding scalp; detached retina; unset broken bones or other untreated injuries; any repeated injuries. Frequent emergency room visits. Frequent changes of doctors. Conflicting or implausible explanations of injuries.

Neglect: Failure to provide basic needs such as food, shelter, or medical treatment, or abandonment.
Indicators: dehydration or malnourishment; untreated bed sores; medication withheld or improperly self-administered; poor personal hygiene; soiled clothing or bedding left unchanged; keeping appliances the person needs such as bedside commode or walker out of reach; lack of clothing or other necessities; inadequate heat or ventilation; safety hazards in home.

Psychological Abuse: Verbal threats or insults, or other intimidating behavior.
Indicators: caregiver accuses the abused person of being incontinent on purpose; threatens him with placement in a nursing home.

Financial Exploitation: Mismanagement of money; theft of property.
Indicators: missing property; unpaid bills or rent; lack of clothing or other basics; unexplained bank account or auto-teller withdrawals; unexpected changes in wills or titles to property; adult's money not being spent on clothes or other basics needs.

Other Indicators of Abuse: Abused adult is kept isolated from family or friends and not allowed to speak for himself. Caregiver resists assistance from social service agencies. Caregiver has a history of abusing others. Caregiver appears angry at elder or dependent adult. Abused person may appear fearful, withdrawn, depressed, or confused (and these conditions are not caused by mental dysfunction).

Child Abuse

(excerpted from Los Angeles Infoline)

Quick Checklist. When a child is abused or neglected, prioritize for safety:

1. Is the child being injured or otherwise endangered at that moment? If **YES**, call the police.

2. Is abuse or neglect suspected? If YES, report to Child Protective Services.

Definitions. Child abuse (the abuse of a person under 18 years of age) may include physical, sexual, or emotional abuse; neglect; exploitation; or abandonment. Listed below are possible indicators adapted from Department of Children's Services guidelines:

Physical abuse: deliberate injury (usually overpunishment).
Indicators: unexplained and/or untreated fractures; multiple fractures; unexplained welts; bruises on parts of the body which aren't normally bruised in accidental bumps or falls; friction marks (rope burns); cigarette burns; immersion burns, caused by immersion in scalding water, (sock-like burns on feet, doughnut-shaped burns on buttocks, glove-like burns on hands). Pattern of injuries regularly appearing after weekends, vacations, or other absences. Injuries where the explanation doesn't match the injury.

Sexual Abuse: oral, anal, or vaginal intercourse; fondling; exhibitionism.
Indicators: difficulty in walking or sitting down; pain or itching in genital area; vaginal or anal bleeding; bruised genitalia; bloody underclothing; sexually transmitted disease or pregnancy in children who are probably too young to have dating relationships.

Neglect: inadequate food, shelter, clothing, supervision, or medical or dental care; abandonment.
Indicators: constant hunger; poor hygiene; inadequate clothing; lack of supervision, especially for long periods or when child is engaged in dangerous activities; medical needs left untreated; medical diagnosis of malnourishment or non-organic failure to thrive.

Emotional Abuse: cruelty; unjustifiable punishment.
Indicators: child reports punishment which is excessive, bizarre or humiliating; medical diagnosis of non-organic failure to thrive; child's inappropriate behavior (infantile or antisocial); child's suicide attempts.

Information Brief

Incident Reporting

Title 22

Each licensee shall furnish to the licensing agency reports including, but not limited to:

1. Death of any client from any cause.
2. Any injury to any client which requires medical treatment.
3. Any unusual incident or absence which threatens the physical or emotional health or safety of any client.
4. Any suspected physical or psychological abuse of any clients.
5. Epidemic outbreaks.
6. Poisonings.
7. Catastrophes.
8. Fires or explosions which occur in or on the premises.

A REPORT BY TELEPHONE SHALL BE MADE TO THE LICENSING AGENCY WITHIN THE AGENCY'S NEXT WORKING DAY DURING ITS NORMAL BUSINESS HOURS. A WRITTEN REPORT SHALL BE SUBMITTED TO THE LICENSING AGENCY WITHIN SEVEN DAYS FOLLOWING THE OCCURRENCE OF EVENT.

A sample reporting form is on the following two pages.

Title 17

Special Incident Reporting is the documentation prepared by DSPs detailing special incidents and provided to the regional center. Special incidents are those incidents which:

1. Have resulted in serious bodily injury, serious physical harm, or death.
2. Have resulted in the use of emergency intervention procedures.
3. May result in criminal charges or legal action.
4. Result in the denial of a client's rights.
5. Or, are any of the following: epidemic outbreaks, poisonings, catastrophes, fires or explosions.

ALL PROVIDERS SHALL NOTIFY, BY TELEPHONE, THE REGIONAL CENTER OF ANY SPECIAL INCIDENTS, AS SOON AS POSSIBLE, AND IN NO CASE LATER THEN THE END OF THE VENDOR'S BUSINESS DAY. A WRITTEN REPORT SHALL BE SUBMITTED TO THE REGIONAL CENTER WITHIN 24 HOURS OF THE INCIDENT.

Some Regional Centers have a form for your use, others allow use of the Licensing Form. **IF IN DOUBT - FILL IT OUT.**

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
(REPLICATION OF ORIGINAL)

UNUSUAL INCIDENT/INJURY/ DEATH REPORT

CHECK ONE OR MORE BOXES:

❑ Incident ❑ Injury ❑ Death

Date of Occurrence:

INSTRUCTIONS: NOTIFY THE LICENSING AGENCY AND, APPLICABLE, PERSON(S) AND/OR PLACEMENT AGENCY(IES) RESPONSIBLE FOR CLIENT(S) WITHIN THE AGENCY'S NEXT WORKING DAY OF ANY UNUSUAL EVENT, INCIDENT, INJURY REQUIRING MEDICAL TREATMENT AS DETERMINED BY PHYSICIAN OR DEATH. COMPLETE SECTIONS I, II, AND/OR III AS APPROPRIATE. ATTACH SHEET IF ADDITIONAL SPACE IS NEEDED. SEND ORIGINAL TO THE LICENSING AGENCY WITHIN 7 DAYS OF THE EVENT. RETAIN A COPY IN CLIENT(S) FILE. RESIDENTIAL FACILITIES FOR THE ELDERLY SHALL COMPLY WITH SECTION 87508 REGARDING THIS REQUIREMENT.

Name of Facility	Facility File Number	Telephone Number ( )
Address		

Client(s) Involved	Age	Sex	Date of Admission
1.			
2.			
3.			
4.			
5.			

I. UNUSUAL EVENT OR INCIDENT - UNUSUAL INCIDENTS INCLUDE CLIENT ABUSE, UNEXPLAINED ABSENCES, OR ANYTHING THAT AFFECTS THE PHYSICAL OR EMOTIONAL HEALTH AND SAFETY OF ANY CLIENT AND EPIDEMIC OUTBREAKS, POISONINGS, CATASTROPHES, FACILITY FIRES OR EXPLOSIONS.

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION AND NATURE OF INCIDENT)

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN - INCLUDE PERSONS CONTACTED AND IF INJURY OCCURRED COMPLETE SECTION II

DESCRIBE WHAT FOLLOW-UP ACTION IS PLANNED - INCLUDE STEPS TO BE TAKE TO PREVENT OCCURRENCE

II. INJURY REQUIRING MEDICAL TREATMENT

DESCRIBE HOW AND WHERE INJURY OCCURRED

WHAT APPEARS TO BE THE EXTENT OF THE INJURIES?

PERSONS WHO OBSERVED THE INJURY

ATTENDING PHYSICIAN'S NAME, FINDINGS AND TREATMENT

III. DEATH REPORT

DATE AND TIME OF DEATH PLACE OF DEATH

DESCRIBE IMMEDIATE CAUSE OF DEATH (IF CORONER REPORT MADE, SEND A COPY WITHIN 30 DAYS)

DESCRIBE CONDITIONS CONTRIBUTING TO DEATH

WHAT ACTION DID YOU TAKE?

NAME OF ATTENDING PHYSICIAN

NAME OF MORTICIAN

SIGNATURE OF PERSON REPORTING **DATE**

SIGNATURE OF LICENSEE ADMINISTRATOR **DATE**

Year 2
Direct Support Professional Training

Resource Guide

Session #12

Assessment

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Positive Behavior Support: Understanding Behavior as Communication	3 hours
5	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
6	Teaching Strategies: Personalizing Skill Development	3 hours
7	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
8	Supporting Quality Life Transitions	3 hours
9	Communication, Problem-Solving and Conflict Resolution	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	**Assessment**	**2 hours**
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Key Word Dictionary

A-B-C data
The recording of Antecedents (A), the Behavior (B), and the Consequences (C) when a challenging behavior happens. By writing down this information each time a challenging behavior happens, it is easier to identify Antecedents and Consequences that happen most often before and after the behavior. You can record A-B-C data on a sheet of paper by making 3 sections (one each for Antecedents, Behavior and Consequences).

Active Listening
The key elements of active listing are: (1) hear the words; (2) figure them out; and (3) then respond.

Activities
Activities are things people do that are not related to work or chores: things a person does for fun, leisure and recreation.

Adaptive Technology and Environmental Adaptations
Objects and devices that are made or changed specifically to help an individual learn or do an important skill. For example, controls on a TV may be painted with colors to help an individual pick out the off/on button or the channel change button. Adaptive devices (also called environmental adaptations because they change or adapt the regular environment) can be used to make learning a new skill easier, to help an individual overcome a physical or sensory disability, or to make learning a new skill more fun.

Age Appropriate
Learning and doing things that are similar to what people without disabilities of the same age group usually do. When teaching skills to individuals with developmental disabilities, it is usually in the best interest of the individuals to teach skills that are the same skills that other people their age learn and do.

Antecedent
The things that happen BEFORE the behavior, like what time it was, where the behavior took place, what activity was happening, and who was around. We want to identify antecedents that happen before a certain behavior so that we can understand when, where, with whom and during what activities the behavior will be more and less likely to happen.

Approach Behavior
An approach behavior might include smiling, reaching for, leaning toward or looking at a particular choice item.

Ask, Observe, Ask Others

The best way to find out about someone's like and dislikes is to ask him or her. When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities at the home and the way that people respond to them. If someone is new to the home or it's difficult to figure out his or her preferences, it's important to start writing down preferred choices from the beginning. It's also important to provide those choices again to make sure that your hunches are correct. You will also want to ask others. If there are family and friends, or day program staff who know the person well, remember to ask them questions about preferences. Finally, you may find additional information about preferences in the individual record.

Assess

To recognize changes in an individual. For example, change can be anything such as a behavior, health condition, or activity level.

Attachment or Bond

The process of developing a close relationship to a parent, sibling or caregiver.

Avoidance Behavior

Instead of approaching a choice item when presented, an individual might avoid it. For example, turn away from the item, push it away, or frown.

Behavior Triggers

Triggers are the things that will usually "set a behavior off." A trigger can be a place, person, thing, or activity.

Behavior Function

The function (or meaning) of a behavior is what the person is getting or avoiding through their behavior. For example; "An individual yells in order to be sent to his room and avoid doing the dishes."

Chaining

Teaching one step in a skill at a time, and teaching each step in a set order.

Charting Progress

We can see if a behavior is improving by taking data on the behavior frequency and length, or by recording the damage or injury caused by the behavior. When the data shows that the behavior isn't happening as much as it used to, or is causing less damage & injury, we can say that there is progress. If the behavior stays the same (or gets worse), then there hasn't been any progress over time.

Choice
A choice is a statement of preference. Selecting something to do from one or more options. Choice opportunities must be provided in a way that each individual understands. Individuals with developmental disabilities have a right to make choices including where and with whom to live, the way they spend their time each day and with whom, what things to do for fun, and plans for the future. Making frequent choices increases one's life enjoyment. Choice means having control and confidence in our lives.

Choice-Making Skills
The ability to know personal likes and dislikes and to choose between people, places, food, and activities when those choices are presented.

Choice Opportunities
Those situations where someone is provided with a choice between two or more activities, foods, etc.

Communication
Communication is the process of sending and receiving information to others. We communicate for many reasons, including: (1) giving and getting information; (2) expressing feelings; (3) problem solving; (4) teaching; (5) socializing; (6) persuading; (7) decision-making; and (8) building relationships. Regardless of the reason we are communicating, it is important to be clear about the message, and be certain that we understand another person's message to us.

Communication Systems
The basic types of communication systems are: (1) sign language; (2) communication boards; and (3) gestures.

Conflict Management
Looking at both sides of a conflict, figuring out what both sides want and finding answers that work for both parties.

Consequence
The things that happen immediately after the behavior, like reactions or attention from people, getting something (like food, candy, toys, or other objects), being removed from an activity or place, and other things that people may say or do. We want to identify the consequences that usually happen after a challenging behavior, because there is a good chance that these consequences are reinforcing (making it more likely to happen again).

Coping Strategies
Things that a person can do to help them to calm down when they get upset or angry. This can include taking a deep breath, talking to someone about what is bothering them, going for a walk, taking a break, etc. All people use a variety of these strategies as part of their self-control plan.

Decision-Making
The ability to look at a situation, weigh all of the possibilities and make an informed choice.

Developmental Delay
A delay in one or more areas (for example, speech, motor) that makes it difficult for an individual to progress through 'typical' developmental stages.

Dignity
Treating people with respect.

Direct Support Professional
The term *direct support professional* (DSP) describes persons who work with people with disabilities in the places where these individuals live and work. Assists individuals in making choices; in leading self-directed lives; and in contributing to their communities. Finally, they encourage attitudes and behaviors in the community that support the inclusion of individuals with developmental disabilities.

Disinfect
To kill or eliminate most germs with a chemical solution.

Documentation
Documentation is the written recording of events, observations and care provided.

Documenting
The process of recording the changes in an individual's daily routine or health care needs that have been noted through the assessment skills of listening, questioning and observing.

Drug (Medication) Interactions
Drug interactions are the pharmacological result, either desirable or undesirable, of drugs interacting with themselves, other drugs, foods, alcohol, or other substances, such as herbs or other nutrients.

Generalization
Learning to use a newly learned skill in whatever situation the individual needs or wants to use the skill. Generalization is an important part of teaching in that we want to help an individual *generalize* or apply the skill not only during the teaching situation, but in any situation the individual needs or wants to use the skill.

Generic Name
Generic name is the name given by the federal government to a drug.

Germs
Bacteria or microorganisms that are alive and need warmth, moisture, darkness and oxygen to grow and live. Some germs are helpful to digestion of food and the elimination of bodily waste. Other germs are harmful and cause illness or infection.

Goal
Goals are the things that people want to do in the next few years. They are the choices that people make about where to live, what to do during the day, who to spend time with, what to do for fun and hopes and dreams

Grief Reaction
The process of learning to live with the loss of a relative, friend or caregiver to a permanent departure or death.

Health History
A document that has medical history and current information about an individual's health care needs.

Infection
Germs in the body that may cause illness or injury if not treated.

Life Stages
A portion of a person's life that is related to age and has certain "milestones" that are common events, such as starting school in early childhood or retiring when one reaches older age.

Life Quality
Characteristics of a person's life that include those things that the person feels are most important, like good friends, health, and a safe place to live.

Likes and Dislikes
The foods, activities, people and places that individuals choose or do not choose (sometimes referred to as preferences).

Meaningful Skills
Skills that help individuals live their lives in an independent and enjoyable way. All teaching programs should teach skills that are meaningful to the individual learner.

Meaningful Teaching Materials
Using materials that have importance to the individual (for example, materials known by the individual, things which are reinforcing to the individual).

Meaningful Teaching Plans
Plans which focus on skills that: (1) individual could not do for him or herself; (2) can be used often; (3) teach age-appropriate skills; (4) support an individual in getting something wanted or avoid something unwanted without challenging behavior; and (5) that lead to natural outcomes.

Medication Error
Medication error is any time that the right medications is not administered to the right person in the right amount at the right time and by the right route or method (as prescribed).

Medications
Medications are substances taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure.

Most-to-Least Prompting Strategies
Using these strategies, you initially guide the individual through all of the steps and then provide less and less assistance on later attempts.

Mouth Care
The care of the teeth and gums through brushing, flossing and routine dental check-ups.

Natural Outcomes
Natural outcomes refers to achieving things in natural settings in which people live, work and play. Natural outcomes are the goal of teaching: to support people with disabilities in doing things in settings in which people naturally live, work and play. For example, drinking coffee is the natural outcome for making it or buying it at a coffee shop. Gaining natural outcomes helps people live independently and enjoyably.

Objective
Objectives are the steps needed to move toward a goal. An objective needs to have a date written into it so the team will know if the goal is getting closer.

Opthalmic
Opthalmic refers to the eyes.

Otic
Otic refers to the ears.

Over-the-Counter Medications
Over-the-counter medications which can be purchased without a prescription.

Partial Participation
Teaching or supporting an individual to participate in an activity even if the individual does not have the skills to do all of the activity, but has some of the skills to *partially* participate in the activity. Having opportunities to partially participate in an activity can help individuals enjoy their daily lives more and learn more skills.

Person-Centered
Supporting people with disabilities in making their own choices for everyday and major lifestyle decisions.

Person-Centered Individual Program Plan
The person-centered planning process helps the team figure out the preferences, needs and choices of an individual. Once that process is completed, the team talks about the kinds of services needed to support the person now and in the future and the person-centered Individual Program Plan is developed. The plan includes: (1) kinds of services and supports the individual needs, (2) who will provide each service and support, and (3) how these services and supports will assist the individual to have opportunities to experience what is important to him or her and to get moving towards his/her goals for the future.

Person-Centered Planning
Person-centered planning is one way of figuring out where someone is going (life goals) and what kinds of support they need to get there. Part of it is asking the person, their family, friends and people who work with him or her about the things she or he likes to do (preferences) and can do well (strengths and capabilities). It is also finding out what things get in the way (barriers) of doing the things people like to do.

Person-Centered Planning Team
Everyone who uses regional center services has a planning team. The people on the team must be the person who uses regional center services (and family members if someone is under 18 years old), the regional center service coordinator (social worker, case manager, or counselor) or someone else from the regional center. The team can also include people who are asked to be there by the individual like family, friends and *direct support professionals.*

Pharmacy
Pharmacy is the practice of preparing and dispensing drugs. The physical building where drugs are dispensed is also referred to as the pharmacy or drug store.

Pharmacist
Pharmacist is a licensed individual who prepares and dispenses drugs and is knowledgeable about their contents.

Physicians
Physicians are medical doctors.

Plaque
The sticky, bacteria and germs that build up on the teeth and can cause infection.

Preferences
Preferences are things like how an individual wants to spend time each day, the kinds of food someone prefers, their personal and cultural traditions, family connections, friendships whom they want to spend time with, and their hopes and dreams for the future.

Principles of Care
A set of guidelines for working with individuals that includes safety, privacy, dignity, communication, infection control and independence.

Privacy
Assuring that an individual's personal care needs remain confidential.

PRN
PRN (pro re nata) stands for as necessary.

Recording Progress
As a DSP, you will be asked to provide information to the team about individual progress on goals and objectives. This is usually done by writing progress notes on each individual. In progress notes, you will be writing about: (1) progress on individual goals; or (2) things that are and are not going well for an individual; or (3) goods ways that you have found to work with an individual.

Regional Center
In California, many services for people with (or 'at risk') of a developmental disability are coordinated through a network of twenty-one, non-profit Regional Centers established by the Lanterman Act. If a person is eligible, Regional Centers provide planning and related services, including service coordination.

Regional Center Service Coordinator
Service coordinators (sometimes called case managers or social workers) help individuals and families with the information they need to use community services and supports. In addition to helping develop the Individual Program Plan (IPP), service coordinators help arrange for the services and supports mentioned in the IPP.

Reinforcement
Includes certain types of attention, toys, objects, foods, people places, activities and things that an INDIVIDUAL seeks to get. What is meaningful to one person may not be meaningful to another person. Since we are all different, it is important that we use reinforcement that is meaningful to the individual.

Replacement Behavior
The new skills and behaviors that we want to teach the person as an alternative to the challenging behavior.

Responsive Teaching
Teaching skills to an individual in a manner that is best suited to the individual. The exact way of teaching is based on how the individual *responds* to the teaching. Responsive teaching is a way to make sure the teaching is effective for the individual and that the individual likes the way the teaching occurs.

Review Dates
The IPP should have written into it some times or review dates, when everyone on the team will get together and look at how things are going. This is a time to find out if the individual (and their family if someone is under 18) is happy with their current services and supports and if there is progress towards individual goals. If things aren't going well on one of the goals or if someone is unhappy with their services and supports, then it may be time to change the plan and the services and supports.

Self-Administration
Self-administration of medications is the independent management of one's medication. Individuals must be able to recognize and understand why they are taking each medication.

Self-Control Plan
Outlines the coping strategies a person uses (or is learning to use) in order to calm down and regain their self-control when they get upset or angry. It also states how the coping strategies will be taught and practiced by the person. A written Self-Control Plan is sometimes included in the Support Plan.

Services and Supports
There are many kinds of ***services and supports*** that can be listed in an Individual Program Plan, depending on the support needs of the individual. Some of those services and supports are: (1) **a place to live** (for example, emergency housing, foster family, group home, supported living, help in finding a place, homemaker services); (2) **a place to learn or work** (for example, education, day program, workshop, supported employment, competitive employment); (3) **getting around** (for example, transportation, travel training, recreation, adaptive equipment); and, (4) **staying healthy** (for example, counseling, mental health services, medical or dental services.

Shaping
Teaching a skill by reinforcing behaviors that appear closer and closer to the desired skill.

Side Effects
Side effects are effects produced by the medication other than the one for which it was prescribed. Side effects may be desirable or undesirable, predictable or unpredictable, harmless or dangerous, sometimes even deadly (fatal).

Sign Language
Using hand signs to communicate letters, words, phrases, and feelings.

Signs and Symptoms
Observation is about noticing change in a person's health, attitude, or behavior. Changes that are observed are called signs. The signs may be a symptom or indicate the presence of a disease, illness or injury. A symptom may also mean that someone is getting better.

Skill Maintenance
Refers to a person being able to perform a skill long after the person has learned the skill. Teaching programs should be set up to help people do the skills for a long time — to *maintain* the skills over time.

Special Health Care Needs
May include respiratory and or feeding problems which require specialized support from the caregiver. For example, an infant's breathing may be recorded by a cardiorespiratory monitor, or a child may be need to be fed using an internal feeding tube.

Standard (Universal) Precautions
Standard Precautions are an approach to infection control. These precautions apply to all blood, all body fluids, secretions and excretions (urine and feces), whether or not they contain visible blood. They also apply to mucous membranes and where there is a cut or abrasion. Standard Precautions protect both the individual being assisted and the DSP. Standard Precautions include the use of disposable gloves and handwashing.

Support Plan
Sometimes called a "Behavior Plan", "Behavior Intervention Plan", or "Behavior Program." It is a written document or plan with goals for teaching certain behaviors & skills and is often included in an individuals ISP, IPP and/or IEP. The Support Plan will usually outline the Support Strategies to be used by the DSP to help the individual to meet his/her goals.

Support Strategies
The ways we teach and help a person to learn new skills and behaviors. They can include <u>how</u> we communicate with and give information to the person, <u>how</u> we try to teach the person new skills, and <u>how</u> we give feedback to the person after they have done something well or made a mistake.

Teaching Choice-Making
The different ways used to present opportunities for choices in what, how, where, when and with whom people do activities. The result of this teaching is choice-making.

Teamwork
Teamwork is about sharing, cooperating, and helping one another. An effective team is a group of people working together with a common purpose, who value each others contributions and are working toward a common goal. Working through teams usually gets better results than a lot of individual efforts which may be working against each other.

Time Delay Prompting
Initially provide a prompt when the natural cue to perform the task is presented and then delay the prompt a few seconds after the cue is presented on later trials.

Trade Name
Trade name, or brand name, is the name given by the manufacturer to a drug.

Transition
The process of moving from one important life stage to another. Most often referred to when moving from adolescence to adulthood.

Year 2 Student

Quizzes

Direct Support Professional Training Year 2
Session 1: Supporting Choice ***Quiz***
Identifying Preferences

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** Making choices increases an individual's daily enjoyment.
2. **T / F** It is important to support an individual in making choices to increase his or her participation in activities, enjoyment of life and to decrease challenging behaviors.
3. **T / F** Choice-making opportunities must be presented in a way that each person can understand.
4. **T / F** It doesn't matter if you offer apple juice as a choice when you only have grape juice available.
5. **T / F** Choosing between a tuna fish or peanut butter sandwich for lunch is an example of an open-ended choice.
6. **T / F** Maria is learning about making choices. You ask Maria what she would like to do. She does not respond. You should ask the question in another way, offering Maria a choice of two activities.
7. **T / F** When you provide a choice opportunity you must respect the person's choice.
8. **T / F** Individuals often show they do not want an item by turning away, frowning or pushing the item away.
9. **T / F** You will be taking too much time to assist an individual if you offer the individual the option to take a bath or a shower.
10. **T / F** The more times a person has the opportunity to make a choice, the better he or she will learn to make choices.

Direct Support Professional Training Year 2
Session 2: Person-Centered Planning ***Quiz***

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** Having a good quality of life is not important to people with developmental disabilities.
2. **T / F** Your "must haves" are the things you need in your everyday life.
3. **T / F** People with developmental disabilities aren't able to make choices about where to live or with whom.
4. **T / F** The individuals you support should have the opportunity to do what they like to do.
5. **T / F** The purpose of person-centered planning is to figure out ways to support an individual's choices, needs and preferences.
6. **T / F** The individual with the developmental disability is the most important person on his or her planning team.
7. **T / F** Asking an individual about his or her likes and dislikes is one of the best ways to find out what he or she likes to do.
8. **T / F** A goal of person-centered planning is to make it easier for staff to plan large group activities.
9. **T / F** Regional center service coordinators help individuals find and access services that support individual choice.
10. **T / F** You should only communicate with an individual's family when there is a problem.

Direct Support Professional Training Year 2
Session 3: Person-Centered Planning cont. ***Quiz***

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** The regional center service coordinator helps write the IPP.
2. **T / F** Goals tell you what the person wants to do or learn.
3. **T / F** The IPP affects what you do every day with the people you support.
4. **T / F** The team leader at an individual's planning team meeting makes the final decision about what is written in the IPP.
5. **T / F** Your job includes helping the individual think about things he or she would like to talk about in his or her planning team meeting.
6. **T / F** Objectives are the steps that will be taken to meet an IPP goal.
7. **T / F** An IPP includes timelines for meeting goals and objectives.
8. **T / F** Progress notes are written to document only negative events in a person's life.
9. **T / F** When writing progress notes, you should write whatever comes to your mind.
10. **T / F** "An individual with a disability" is an example of people first language.

Direct Support Professional Training Year 2
Session 4: Communication, Problem Solving and Conflict Resolution ***Quiz***

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** Each time you are with a person you can help him or her learn to communicate.
2. **T / F** A communication board is an example of a communication system.
3. **T / F** Marion's words were not clear when she asked for dessert. To make sure that he had understood correctly, the DSP repeated what he thought he heard Marion say. This is an example of active listening.
4. **T / F** An important part of understanding conflict is to try to see things as the other person sees them.
5. **T / F** Consuelo needs help in communicating to the waitress about what she wants to order for lunch. The waitress brings juice but Consuelo had asked for a milkshake. You could be an advocate by helping Consuelo talk to the waitress about her choice of drinks.
6. **T / F** The bus driver never stops where Ricky wants to stop. You should help Ricky talk to the bus driver.
7. **T / F** If the person probably won't understand you, then you don't need to talk through each activity.
8. **T / F** The first step in problem solving is to decide upon a solution.
9. **T / F** Using "I" statements and sticking to the topic are both rules to use when resolving conflicts.
10. **T / F** The best time to teach coping strategies is when a person is calm and in a good mood.

Direct Support Professional Training Year 2
Session 5: Positive Behavior Support ***Quiz***
Understanding Behavior as Communication

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** Behavior is a form of communication.
2. **T / F** Behaviors are measurable, observable and can be documented.
3. **T / F** A-B-C stands for Antecedent, Behavior, and Consistent.
4. **T / F** An antecedent happens after a behavior.
5. **T / F** Illness, pain and medication side effects are all examples of possible behavior "triggers" or things that may be a reason for a challenging behavior.
6. **T / F** Smiling is an example of a tangible consequence.
7. **T / F** If you don't see a pattern in a person's behavior, you should continue to observe and record A-B-C data.
8. **T / F** The scatter plot is a tool for establishing staff rotation schedules.
9. **T / F** Whining in order to avoid doing the dishes is an example of an escape behavior.
10. **T / F** A functional assessment helps explain what the person's behavior is trying to tell you and what maintains the behavior.

Direct Support Professional Training Year 2
Session 6: Positive Behavior Support ***Quiz***
Adapting Support Strategies to Ensure Success

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** When developing a positive behavior support plan, working as a team is the single most helpful strategy to use in identifying replacement skills.
2. **T / F** A replacement behavior serves a different purpose for the individual than the challenging behavior.
3. **T / F** Use the same teaching methods with everyone to save time.
4. **T / F** Routines make life less predictable.
5. **T / F** A stomach ache can be a behavior trigger.
6. **T / F** It is more important to focus on what an individual is doing right than on what he or she is doing wrong.
7. **T / F** If you want a behavior to happen again you must ignore it.
8. **T / F** Ignore the behavior, not the person.
9. **T / F** Data collection is important because it can show if an individual support plan is working or not working.
10. **T / F** You have been following an individual's support plan to change a target behavior. The data you have been collecting shows that there has been no change in the behavior over time. This is a good time for the planning team to meet.

Direct Support Professional Training Year 2
Session 7: Teaching Strategies ***Quiz***
Personalizing Skill Development

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** The first step in teaching a new skill is establishing a good relationship with the person you are teaching.
2. **T / F** If a person can't learn to do the entire skill, then don't teach it.
3. **T / F** You should only reinforce an individual when he or she has learned the entire skill.
4. **T / F** Providing a lot of help at the beginning and then less help as the person learns the skill is called *most-to-least assistive prompting.*
5. **T / F** Using picture recipe cards can make teaching someone to cook easier.
6. **T / F** The use of adaptive devices and environmental adaptations can help an individual to learn new skills and to overcome sensory and/or physical disabilities.
7. **T / F** Listening to music while learning to wash dishes is an example of changing the physical environment to make learning more fun.
8. **T / F** If a person can generalize a skill, he or she can then use it in any situation where the skill would be needed.
9. **T / F** The skills you teach should help the person live, work and play more independently.
10. **T / F** Teaching a person skills you think he or she should know is an example of being responsive to the person's individual learning style.

Direct Support Professional Training Year 2
Session 8: Teaching Strategies ***Quiz***
Ensuring Meaningful Life Skills

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** The best way to teach meaningful skills is to do the skill for the person until he or she understands how to do it alone.
2. **T / F** Putting pegs in a pegboard over and over again is a functional skill for an adult.
3. **T / F** Functional skills are skills that all people need to live, work and play in their community.
4. **T / F** Teach all of the same skills to children and adults.
5. **T / F** It is best to use “play money” when teaching an individual how to make a purchase.
6. **T / F** A natural outcome of learning how to make a pizza is eating it after you bake it.
7. **T / F** The individual and people who know the individual best should help develop a teaching plan.
8. **T / F** When following a teaching plan to teach an individual a new skill, you should teach the steps in the task analysis in whatever order the individual wants.
9. **T / F** You can help an individual maintain a new skill that he or she has learned by providing opportunities for the individual to use the new skill. For example, an individual has learned to use a napkin. You help the individual maintain the new skill by making sure he or she has a napkin to use at every meal.
10. **T / F** The teaching plan should include opportunities for the person to practice the new skill in a natural setting.

Direct Support Professional Training Year 2
Session 9: Supporting Quality Life Transitions ***Quiz***

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** Loss of familiar routines, loss of an important relationship or moving to a new living environment can all cause stress in an individual's life.
2. **T / F** The stages of life include infancy, childhood, teenage years, adulthood and old age.
3. **T / F** Grief is a natural part of learning to deal with a loss.
4. **T / F** Everyone grieves in the same way.
5. **T / F** Never shake a baby.
6. **T / F** It's okay to leave an infant alone.
7. **T / F** If over time Anton stops keeping his living area clean, it may mean he is losing his eyesight.
8. **T / F** Decreasing caffeine consumption and increasing exercise may help a person sleep better.
9. **T / F** Physical exercise should only be part of a daily routine for children.
10. **T / F** Dancing to music on the radio, planting a vegetable garden and climbing up and down stairs are all examples of exercise.

Direct Support Professional Training Year 2
Session 10: Wellness ***Quiz***
Medication

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** *PRN* means medications must be taken daily.
2. **T / F** Medication should be stored in a locked cabinet or, if the medication needs to be refrigerated, in a locked container in the refrigerator.
3. **T / F** You must get a new medication label from the pharmacy if the doctor changes the dosage.
4. **T / F** Initial the medication log right after the person takes the medication, not before or hours later.
5. **T / F** If a medication has to be taken twice a day, it always means in the morning and at bedtime.
6. **T / F** Notify the person's physician immediately if a medication error occurs.
7. **T / F** Asking the pharmacist is a good way to find out about the possible side effects of medications.
8. **T / F** The first thing to do when assisting with the self administration of medication is to wash your hands.
9. **T / F** It's okay for you to decide to crush capsules when the individual is having trouble swallowing them.
10. **T / F** Regular kitchen teaspoons are accurate for measuring liquid medication.

Direct Support Professional Training Year 2
Session 11: Wellness ***Quiz***
Promoting Good Health

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** A person's health history includes family information and information about past and present illness.
2. **T / F** You should talk and listen to a person in order to better understand his or her support needs.
3. **T / F** Changes you observe in an individual may be signs and symptoms of an illness.
4. **T / F** "I think she is eating too much," is a statement of fact.
5. **T / F** Standard (or Universal) Precautions are rules for crossing the street.
6. **T / F** Two ways germs can spread are by coughing and sneezing.
7. **T / F** The best way to control the spread of germs is to use standard precautions, such as wearing gloves and washing hands.
8. **T / F** When the weather is cold and rainy, you should wear disposable gloves.
9. **T / F** An important part of your job is to protect yourself and the individuals you support from accidents and injury.
10. **T / F** Red swollen gums, bleeding gums and loose teeth are signs of a healthy mouth.